BALTIMORE, MARYLAND 2120

PRESTON ST.

neral director, p

## 1 - STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE

1024	2	4	5	2

20	REGISTRAR			CERTIFI	CATE OF DEATH	REG	, NO.			
(TYPE		IADGE D	DEWITT		CCLOUD	20 DATE OF DEATH	4	26	85	11:45 A
3. SEX		4 RACE		5 DATE OF	BIRTH YEAR	6. AGE (IN YEARS LAS	( BIRTHDAY)	MONTH	DER I YEAR	HOURS MIN.
	Male	Black		Oct.	4,1920	64	YE			
C	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIED	X NEVER MARRIED	9 BALTIMORE CIT PRINCE	OR COU	NIYOFD	COLL	שייט
Vas	hington, D.	.U.S.	A.	WIDOWED		FRINCE	GEUN	GES	COOL	MD.
CI	INTON MD	SOUT	HERNW MA	RYLAN	D HOSPITAL	120 USUAL OCCUP (TYPE OF WORK FOR MO Machin	ST OF WORKIN	NG LIFE) 12	b KIND O IDUSTRY	F BUSINESS OR
130 S Me	ryland P.C	ROTHER INSTITUTION NTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Brandy	N	13d. INSIDE CITY LIMITS? YES NO 🗌		s/zipc	ode Road	206	613
1	THER'S NAME Palmadge DeV	MIDDLE Vett Mc	Cloud S	r.	15. MOTHER'S MAIDEN NA FIRST  Arsonia W	WIDDI			LAS'	
(1	VAS DECEASED EVER IN U.S. AI (15, NO OR UNKNOWN) (16 YES, GI WW-	VE WAR OR DATES)	166 SOCIAL SECU		Mrs. Lill	. AD	cClo	ud	SAA	
	18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS)	nly one couse per ED BY: A TE CAUSE (o)	line for to lithi, on	dices	m infarction				days.	MATE INTERVAL DNSET AND DEATH
	Conditions if ony, which gove rise to immediate	DUE TO AT	HEROSCIE	ROTTC	CEREBROVASCU	LAR DISEAS	E	-	YEARS	5.
	couse (a), stating the underlying couse last.	(0)			DIOVASCULAR				YEARS	
NO	PACUTE EPTSODE	OF RESP	IRATORY	FAILUR	E. CARDIAC A	RRHYTHMIAS	, HX	of g	outy	arthriti
CERTIFICATION	196 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED	YES NO				IGS USED OF DEATH? NO [
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM	18 PART 1 C	OR PART 2)	
MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE		ARM, ETC )	21f LOCATION STREET	CITYO	RTOWN	C	OUNTY	STATE
	220.1 certify that (1) (this hosp sow the deceased alive or above, (1) (we) (did) (did no	APRIL 2	6 1985	April	23 1985 19	, to <u>APRII</u> death occurred on th	26 e dote ond	hour and		that (1) (we) last
	22b. SIGNATURE	0) (1)	and		D. ATTENDING	XXMEDICAL S	TAFF		APRII	SIGNED 1985
	PETER W.YIM				22e ADDRES 7900 O				E 101	,CLINTON
	BURIAL, CREMATION, REMOVAL	236 DATE	- 1985 A	AD I	METERY OR CREMATORY	23d LOCATION		P	INTY	STATE

DIVISION OF VITAL RECORDS, 201 W. the buriel framility permit. Then and Mental Hygiene prior to be certificate hos be-DING PHYSICIAN. The low TO FUNE should be described with the SIII Described IMPORTANT TO HOSPITAL etoined by

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DHMH - 18 60M 7/84 (VRA 15, 4)

Cremation W BUTA
24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 255, REGISTRAR'S SIGN HE

NDING PHYSICIAN: The low requires that the death certificate the

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retained by the TO HOSPITAL

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FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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' '	REGISTRAR				CERTII	FICATE OF DEATH		REG. NO.		
	CEASED NAME	FIRST	,	MIDDLE		LAST	20 DATE OF		DAY YEAR	2h HOUR A
1	OKPRINT	Olive	r F	RANK	M	cClow		4	6 85	12:10 m
3. SE	X		4 RACE		5. DATE			EARS LAST BIRTHDAY)	MONTHS DAY	
	MALE		WHI	re	JUL	0 0	92	YF		3 1.0083 1.11
7a. BI	RTHPLACE (STATE	OR FOREIGN	7. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED		RE CITY OR COU		
	MARYLAND		U.	S.A.	WIDOW	22	Princ	e George	s Count	y MD.
10. CI	TY OR TOWN OF I	DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	1 120 USUAL (	OCCUPATION		OF BUSINESS OR
R	liverdale		(	d Memoria		spital	RET	COMMANDE		COAST GRI
13e. S	AL RESIDENCE (# N STATE Md.	136. COU	NTY	GIVE RESIDENCE BEFORE  13c. CITY OR TOW  GES HYATT	N	1 13d INSIDE CITY LIMIT	13e.STREET A	ADDRESS / ZIP C	ODE VE.#511	20781
V FA	ATHER'S NAME			LAST		15. MOTHER'S MAIDER	NAME		700	
×	OLIVER	E	GGY	McCLOW		MARGIE	AL	BERTA	SMIT	TH.
	VAS DECEASED EV		RMED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS 93		RY HTLL BI
	YES	WW.		216-40-5	437	MILDRED M	. SHANER		E PARK,	1d. 2074801
	14 CAUSE OF DE PART I. DE ATH	ATH (Enter o	nly one couse per	line for (a), (b), and	d (c).)		/			OXIMATE INTERVAL IN ONSET AND DEATH
CERTIFICATION	PART 2 OTHER S	IGNIFICANT	conditions co	tic 0	OEATH BUT	NOT RELATED TO THE WAS VANEU	TERMINAL DISEAS	CEASE 20h. II	GIVEN IN PART  YES, WERE FINI RTIFYING CAUS YES	DINGS USED
ERT	210, ACCIDENT WAS	UNDERLYING [	7 21b. TIME O	F INJURY	-	21c HOW INJURY OC		TURE OF INJURY IN ITEM		
	OR CONTRIBUTING		AIII I	M. MONTH DA	YEAR					
MEDICAL	(IF EITHER, NOTIFY M 216, INJURY OCCI WHILE NOT AT WORK AT		21e. PLACE			211 LOCATION STREET		CITY OR TOWN	COUNTY	STATÉ
		ased alive of	- A	15 198	3/2	nd that in (my) (our) opi	inion death occurre	d on the date and		
	22b. SIGNATURE	Pella	de		1		MEDICAL DIRECTOR	STAFF PHYSICIAN	4	16/1985
	224 PHYSICIAN'S	J. R.	NAT	H, M.	0.	22e ADDRESS 14	300 Gra	lland, Md	fox Ln	ζ
	BURIAL, CREMATIO	N, REMOVAL			NAME OF	CEMETERY OR CREMATO	CITY	ORTOWN	COUNTY	STATE
	BURIAL		4-9-19	85 M	· OL	IVET CEMETE		DERICK,	FREDER.	
24 F	W. CHAM		0. 5801	CLEVEL ANI	) AVE		APR 101		GISTRAR'S SIGN	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician at should be detached for use as the buriol-transit permit. Then please remove corbompoper has with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18.

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No. 1875 CANADA BEACH STAND STAND OF LABOR STANDARD

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CERTIFICATION

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After this certificate has been buriol-transit permit. Mental Hygiene prior shaws ony

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MPORTANT:

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REGISTRAR

Maryland

FOR - STATE

STATE OF MARYLAND, DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

REG. NO.		
20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
April 15, 19	85	9:15A
6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS

STATE

Maryland

Temple Hills

. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH D	AY YEAR	2b. HOUR
(TYPE OR PRINT) Willia	am J. Mo	Cormack	April 15, 198	5	9:15A
3. SEX	4 RACE	S. DATE OF BIRTH		F UNDER I YEAR	IF UNDER 24 HR
Male	White	May 22 1907	77 YRS.	ONTHS DAYS	HOURS MIN
6. BIRTHPLACE   STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	
Penna.	USA	WIDOWED DIVORCED	Prince Georges	Coun	ty ,
10. CITY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION		F BUSINESS C
District Hgts	7223 Lansdale	Street	Mechanic	Uni	on
USUAL RESIDENCE I IF NURSING HOME 130 STATE 136 CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE UNITY 13c. CITY OR TOW		13e.STREET ADDRESS / ZIP CODE	2	074
Maryland DC	Dist F	Inte YEST NO	7223 Langdale	Stroo	+

the Art of the Year of the Art of	- C					the second second second
14. FATHER'S NAME			15. MOTHER'S M	AIDEN NAME		
Total 1 1 a mm	MIDDLE	aCorma alz	Marga	rot	WIDDLE	Cowley
William	Tale	cCormack	manye	TEC		COMTGA
16e WAS DECEASED EVER	IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17. INFORMANT	7	ADDRESS	n Danidani
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	183-05-6655	77.7	7	ozo Jackso	n hrine
NO		1783-02-0022	Ellen	rardonev.	ruerana Ma	08360

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Myocardial Infarction IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Corouary Heart Disease Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION	19% CONDITION FOR WHICH OPERATION	N WAS PERFORMED		20b. IF YES, WERE FIN IN CERTIFYING CAU YES	
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM IB PART I OR PART	2)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

WHILE NOT WHILE 10 84 22s.1 certify that (1) (+1-is, housital) attended the deceased from 85

sow the deceased alive on. and that in (my) (printed and the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death. DEGREE 22c DATE SIGNED 226. SIGNATURE 111

Habelleren	N	170	Moh.	MD	7-4	MEDICAL STAFF DIRECTOR PHYSICIAN	
DLIVE ICTABLE BLANC		*		22. A	DDRESS		

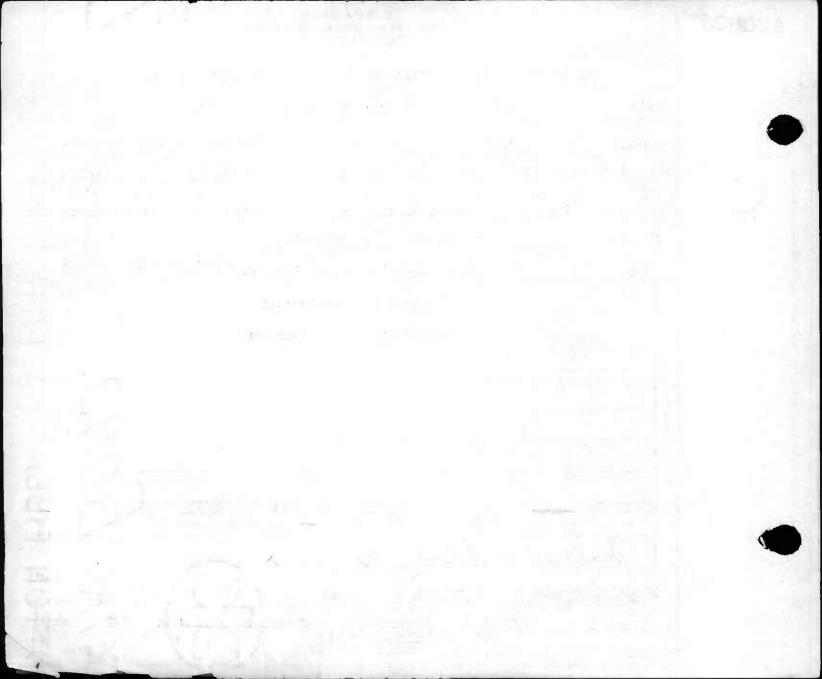
\* Abdulhosein N 14467 Old Branch Ave #201 Adham MD

4 MOGRATIOSCE	i iv. Aditan	LILD	14401 010	DE GITCH HVC	TEOT I
BURIAL, CREMATION, REMOVAL	23b, DATE	23c. NAME	OF CEMETERY OR CREMATO	DRY 23d. LOCATION	
(SPECIFY)				CITY OR TOWN	on PG
Burial	4/18/85	Resur	rection Cen	netery Clint	on PG

4/18/85 Resurrection Cemetery Clinton Burial Robert E Wilhelm Fun. Home Suitland Road MD

DHMH - 16 50M 4/83 (VRA 15, 4)

BP



Fort Lincoln Cemetery

Brentwood

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Maryland

4/8/85

4739 Baltimore Ave. Hyattsville, Md. 20781

24 FFrancis Gasch's Sons Funeral Home, P.A.

Burial

(VR A15 ME (5))

**DHMH - 17** 

# 130021 requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages should be detached for use as the burial-transit permit. Then please remove carbon pages? Pages 1 and 2 should be filled within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

FOR - STATE

### STATE OF MARYLAND, DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

1000	CEASED NAME	FIRST	M	IDDLE	LA	AST	20. DATE OF I	DEATH	HTHOM	DAY YEAR	2b. HOU	R
											20. HOU	• •
( TYPE	OR PRINT)	Norman	i (1	N.M.I.)	Mc	Nabb	April	26,	1985		9:00	A
3. SEX	K.	4.	RACE		5. DATE O		6. AGE (IN YEA	ARS LAST BIRT	HDAY)	# UNDER TYEAR	IF UNDER	24 HRS
M	ale		White		Feb.		51		YRS.		HOURS	AN II'V
	RTHPLACE (STATE O	R FOREIGN 76	CITIZEN OF V	VHAT COUNTRY?	8. MARRIET	NEVER MARRIED	9 BALTIMOR	E CITY O	COUNTY	Y OF DEATH		
Ne	w Jersey		U.S.A		WIDOWE	D DNORCED				s Count		٨
10 CI	TY OR TOWN OF D	EATH 11	(IF NOT IN SUCH	FACILITY, GIVE STREET	( ADDRESS)	R OTHER INSTITUTION	120 USUAL O			12b. KIND ( IFE) INDUSTRY	F BUSINE	55 O
	nham			3rd. Ave			Dock	Work	er	Gian	t Foo	d
	AL RESIDENCE (IF NO	IRSING HOME OR OT		GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13e.STREET AL	DDRESS /	ZIP CODI	E		
-	ryland	P.G	•	Lanham		YES X NO		93rd.	Ave	20706		_
14. FA	THER'S NAME FIRST	MIC	DDLE	LAST		15. MOTHER'S MAIDEN NA FIRST	ME	MIDDLE		LAS	ST	
Ge	orge			McNabb		Norma				Schwar		
	VAS DECEASED EVE	R IN U.S. ARME		16b. SOCIAL SEC		17 INFORMANT		ADDRE:		dress S	ame a	6
Ye	s-Army	Korea	ın	578-42-	1221	Mrs. Nancy	Jean Mcl	Vabb	No#	# 13e.		
	18. CAUSE OF DEA	ATH (Enter only	one couse per	une for (a), (b), or	nd (c).)	DAT CELL L		$\wedge$		APPROX BETWEEN	MATE INTER	VAL DE AT
	Conditions, if on gave rise to in couse (a), stat	mmediate	DUE TO, OR	AS A CONSEQU								
ICATION	gove rise to in couse (a), state underlying cau	ny, which mmediate ting the se last	DUE TO, OR    b)  DUE TO, OR    (c)  NDITIONS CO	AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	AINAL DISEASE		20b. IF YE	VEN IN PART I	NGS USE	
RTIFICATION	gove rise to in couse (a), statunderlying cau PART 2. OTHER SIG	ny, which mmediate ting the se last	DUE TO, OR  (b)  DUE TO, OR  (c)  NDITIONS CO	NAS A CONSEQUENTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	20a AUTÓF	NO X	206. IF YE IN CERTII YE	S, WERE FINDI IFYING CAUSES ES []	NGS USE	H?
ICAL CERTIFICATION	gove rise to in couse (a), statunderlying cau PART 2. OTHER SIG	iy, which immediate thing the se last.  GNIFICANT CO  ATION  INDERLYING  CAUSE OF DEATH DICAL EXAMINER]	DUE TO, OR  1b)  DUE TO, OR  (c)  NDITIONS CC  19b CONDI  21b TIME OI  HOUR A.A.	R AS A CONSEQUENTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCUR	20a AUTÓF	NO X	206. IF YE IN CERTII YE	S, WERE FINDI IFYING CAUSES ES []	NGS USE	H?
MEDICAL CERTIFICATION	gove rise to in couse (a), stal underlying cau  PART 2. OTHER SIG  19a. DATE OF OPER  21a. ACCIDENT WAS U  OR CONTRIBUTING  (IF EITHER NOTIFY ME  21d. INJURY OCCU	INDERLYING CAUSE OF DEATH	DUE TO, OR    b)   DUE TO, OR   (c)   NDITIONS CC	R AS A CONSEQUENTRIBUTING TO	DEATH BUT IN OPERATION OF THE PROPERTY OF THE	NOT RELATED TO THE TERM N WAS PERFORMED	20a AUTÓF	NO X	20h. IF YE IN CERTII YE Y IN ITEM 18	S, WERE FINDI IFYING CAUSES ES []	NGS USE OF DEAT	H?
	gove rise to in couse (a), statunderlying cau  PART 2. OTHER SIG  19a DATE OF OPER  21a ACCIDENT WAS U  OR CONTRIBUTING (IF EITHER NOTIFY ME  21d INJURY OCCU  WHILE NOTIFY ME  22a I certify that  saw the decer	iny, which immediate thing the see last government of the see last governme	DUE TO, OR  1b)  DUE TO, OR  (c)  NDITIONS CC  19b CONDI  21b TIME OI HOUR A./ 21e PLACE ( (AT HOME STRI	R AS A CONSEQUENTRIBUTING TO  TION FOR WHICH  FINJURY  M. MONTH D  M.  DE INJURY  EET, FACTORY, OFFICE  deceosed from  19	DEATH BUT H OPERATION DAY YEAR 19 FARM ETC) June 35	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION STREET  29, 19, 84  d that in (my) (our) opinion  DEGREE  ATTENDING	200 AUTOF	NO SY?  NO STATE  On the da	20b. IF YE IN CERTII YE IN CERTI	S, WERE FINDI IFYING CAUSES ES  PART 1 OR PART 2)  COUNTY  19 85  Ur and from the	NGS USES OF DEAT NO [	H?
	gove rise to in couse (a), stal underlying cau  PART 2. OTHER SIG  19a. DATE OF OPER  21a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTIFY ME 21d INJURY OCCU WHILE NOTIFY ME 22a I certify that (a) saw the decer obove, (I) (we)	INTERLYING CAUSE OF DEATH DICAL EXAMINER) (I) (this haspital assed alive on (idid) (did not)	DUE TO, OR  1b)  DUE TO, OR  (c)  NDITIONS CC  19b CONDT  21b TIME OI HOUR A.A.  P.A.  21e PLACE ( (AT HOME STRI	R AS A CONSEQUENTRIBUTING TO  TION FOR WHICH  FINJURY  M. MONTH D  M.  DE INJURY  EET, FACTORY, OFFICE  deceosed from  19	DEATH BUT H OPERATION DAY YEAR 19 FARM ETC) June 35	NOT RELATED TO THE TERM  N WAS PERFORMED  216. HOW INJURY OCCUR  216. LOCATION STREET  29 , 19 84 d that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN	RED (ENTERNATE  APT  death occurred  MEDICAL DIRECTOR	NO SO INJURE OF	20b. IF YE IN CERTII YE IN CERTII YE IN CERTII YE IT WILL IT W	county  19 85  22c DATE  4-20  4, Suit	NGS USES OF DEAT NO [	H?
WEDICAL MEDICAL	gove rise to in couse (a), statunderlying could be part 2. OTHER SIGNATE OF OPER 21a. ACCIDENT WAS UNDERSTORMED ACCIDENT WAS UNDERSTORMED AND ACCIDENT BUT ALL WORK ALL WORK ALL WORK ALL WORK ALL WORK Saw the deceed obove, (1) (we)	INDERLYING CAUSE OF DEATH DICAL EXAMINER)  (I) (this hospital posed alive on (did) (did not)  NAME (TYPE OR P.	DUE TO, OR  1b)  DUE TO, OR  (c)  NDITIONS CC  19b CONDT  21b TIME OI HOUR A.A.  P.A.  21e PLACE ( (AT HOME STRI	PLAS A CONSEQUENT OF THE PROPERTY OF THE PROPE	DEATH BUT HOPERATION  DAY YEAR  19  FARM ETC 1	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION STREET  29, 19, 84  d that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN  22e. ADDRESS. HOTI	RED (ENTERNATE  APP  death occurred  MEDICAL DIRECTOR  tage Med  rd Rd.	NO SE  URE OF INJUR  CITY OR TOV  THE DE PHYSIC  Clint  Clint	20b. IF YE IN CERTII YE IN CERTII YE IN CERTII YE IT WILL IT W	county  19 85  22c DATE  4-20  4, Suit	that (I) (causes strong 53–85	H?  JATE  we) ke

DHMH - 16 50M 4/83 (VRA 15, 4)

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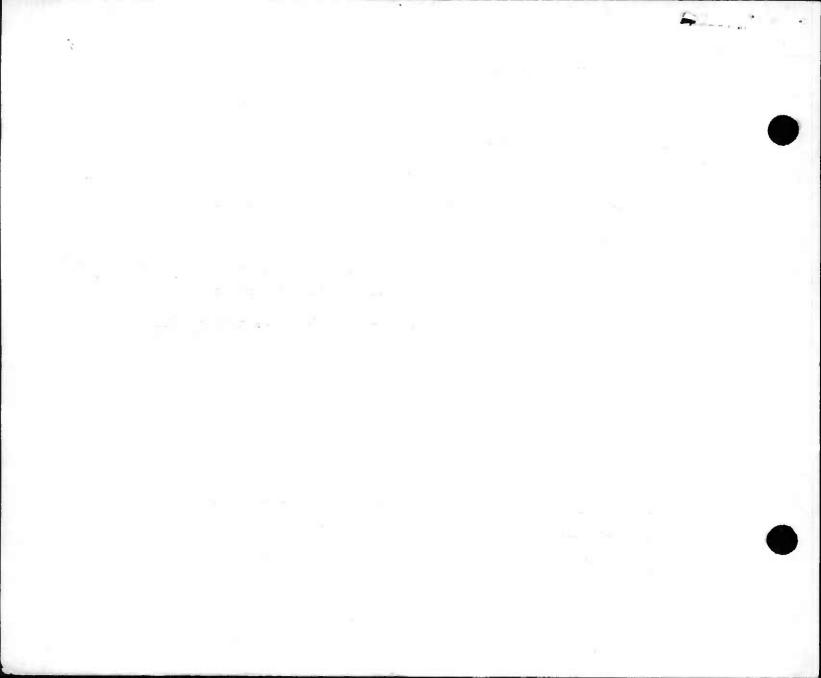
TO HOSPITAL OR ATTENDING PHYSICIAN. The law etained by the hospital or attending physicion S THE STATE OF STATE ellocoratecenos ao fe The second second . . 91 142 - 100 m , a such that the such The second secon arriginal, guid y a constructions and the second of the second o

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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

12057	1 -	FOR STATE REGISTRAR			DEPA	RTMENT OF H CERTIF	CATE OF	MENTAL HYG		REG. NO.	3 /	
			RGINIA		RTHA	MEAC	SHER		2a. DATE OF D	MAR	30 85	2ь HOUR 0335а <sub>м</sub>
ctor, of	3. SEX	EMALE	4 RA	HITE		5. DATE C		1929	6. AGE (IN YEA		MONTHS DAY	
oth, rog		RTHPLACE (STATE OR FOR		S.A.	WHAT COUNT	RY? 8. MARRIEI WIDOWE		MARRIED   NORCED		ce Georg	NTY OF DEATH	WE
1	10 CI	nsylvania TY ORTOWN OF DEATH AAFB		IF NOT IN SUC	H FACILITY, GIVE ST	RSING HOME C	R OTHER INS		12a USUAL O	CUPATION OR MOST OF WORKIN	G LIFE) INDUSTR	OF BUSINESS OR Y Home
Zd November 1	d SU	AL RESIDENCE HE NURSING		NOTUTION		FORE ADMISSION)	13d INSIDE	CITY LIMITS?	13e.STREET AL	ishop Mi	ODE	172
niplerally and 2 sk	14. F.A	THER'S NAME FIRST	MIDDL	Ε	Marlbo Reppe	ro	15. MOŤĤER	'S MAIDEN NA FIRST Edna	ME	WIDDIE	Hoffm	LAST
Poges		VAS DECEASED EVER IN	U.S. ARMED IF YES, GIVE WAR		16b. SOCIAL S		17. INFORM Sandr	ANIT	• Meagh	ADDRESS 29 Sou er-Sterl	ithall C	<b>burt</b> 22170
physeus physeus noopers went, the		18 CAUSE OF DEATH PART I. DEATH WAS	Enter anly an S CAUSED BY:	e cause per	line for (a), (b)	ic puls					APPRO BETWEE	OXIMATÉ INTERVAL N ONSET AND DEATH
ures that the dealigned by the other employses employed by the other employ or other fraum ory, or other fraum	z	Canditians, if any, value rise ta imme cause (a), stating underlying cause	the last.	Jest .	R AS A CONSE		NOT RELATE		NINAL DISEASE	OR CONDITION	GIVEN IN PART	110
Permit II	CERTIFICATION	19a DATE OF OPERATIO	)N	196 COND	ITION FOR WH	ICH OPERATIO	N WAS PERF	ORMED	20a AUTOR		YES, WERE FINE RTIFYING CAUS YES	
CLAN TO g physics entiticate althoust mal fright	4	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICA)	JSE OF DEATH	21b. TIME O HOUR A. P.	M. MONTH	DAY YEAR	21c. HOW I	NJURY OCCUR	RED (ENTER NATU	RE OF INJURY IN ITEM	18 PART   OR PART 2	*}
ottending the thing is the born thank Me is and Me	MEDIC	21d. INJURY OCCURRE  ILE NOT WHILE AT WORK		21e PLACE	OF INJURY REET, FACTORY, OFF	ICE, FARM, ETC.)	21f LOCAT			CITY OR TOWN	COUNTY	STATE
CTOR A Liveral or the state of Health	1 2	saw the deceased abave,	alive an 0	335 3	ormen	and I provide	March and that in (m)	, 19 <u>85</u> (aur) apınian	death accurred	an the date and		
ALORO ALORE deteched outs Dept		2 SIGNATING	La.	et.	rances		DEGREE		MEDICAL DIRECTOR	STAFF PHYSICIAN	30	March 8
D HOSPIT Pained by O Fulvier On Fulvier OF TAN		De Fr	ME (TYPE OR PRIN	"0, W	lartin			B., Mar	yland	w USAF E	ase Hos	pital,
BP	23a I	Burial, cremation, re Burial	MOVAL 23	6. DATE 4/3/8	35		ton Na	t'1 Cem	. Arli	ng ton	COUNTY	Virginia
PHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR	leman	Fun'1	_ Home™	Upper Ma Md.	arlbor 20772	25°AP	R 1 7 19	GISTRAR 256. RE	Devidson-	ATURE Randella



STATE OF MARYLAND,	23
STATE OF MARYLAND	HYGIENE
CERTIFICATE OF DEATH	

	REGISTRAR					ICATE OF DEATH	OILINE	REG. NO	).		
	CEASED NAME	FIRS1		MIDDLE	L	AST	20 DATE	OF DEATH		DAY YEAR	26 HOUR
TYPE	OR PRINT)	Eunice	2	Regina	M	iles	April	L 13, 1	1985		3:45p
3. SE	× Female		White		5. DATE C	DAY YEAR	69	YEARS LAST BIRT	YRS	MONTHS DAYS	IF UNDER 24 HI HOURS MY
1741	RTHPLACE (STATE OF MARY Y Land		USA CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D X NEVER MARRIED	9 BALTIM	ore city of	R COUNT	County	
Lá	ity or town of de anham	]	Octors	Hosp of	G HOME C	OR OTHER INSTITUTION	12a USUA (TYPE OF WO	L OCCUPATION ORK FOR MOST OF	ON F WORKING LI	126 KIND C	OF BUSINESS (
13a. S	AL RESIDENCE IF NUMBER AS A RESIDENCE IN THE	13bpcgunty	HER INSTITUTION	136. CITY OR TOW Laurel	ADMISSION)	13d INSIDE CITY LIMITS?	919	Nicho		e ive 20	707
	Thomas		Tur			Susanna	AME	WIDDLE	Fishe	LAS	iT.
6a V	VAS DECEASED EVE YES NO OR UNKNOWN)	R IN U.S, ARME		215-57		17 INFORMANT  2 Irvin Mile	s same	as ab			
	Conditions, if on gove rise to in couse (o), stot underlying couse	nmediate ing the ie last	(c)	R AS A CONSEQUE		NOT RELATED TO THE TER/				VEN IN PART 1:	0
TION		& VALU	E Repu	Acement		100-	Herei	tain			
RESECTION	MITO 19a DATE OF OPER 2 - 20	AL VALU	E REPL 196. CONDI	ACOMENT TION FOR WHICH ITESTINAL	OPERATIO	N WAS PERFORMED	20a AU	TOPSY?	20b. IF YE IN CERTI	S, WERE FINDION FYING CAUSES ES	NGS USED OF DEATH?
CAL CERTIFICATION	19a DATE OF OPER	AT UALU ATION BS  NDERLYING [] CAUSE OF DEATH	E PEP.	ACONONTO	OPERATIO OB:	N WAS PERFORMED	20a AU	TOPSY?	20b. IF YE IN CERTI	FYING CAUSES ES 🗌	OF DEATH?
MEDICAL CERTIFICATION	190 DATE OF OPERA  2 - 20  210, ACCIDENT WAS UT	AL VALV ATION  85  NDERLYING [] CAUSE OF DEATH DICALEXAMINER]	19b. CONDI TO 21b. TIME O HOUR A. P.	ACENTION FOR WHICH TESTINAL FINJURY M. MONTH DA M.	OPERATIO OB: Y YEAR 19	N WAS PERFORMED	20a AU	TOPSY?	20b. IF YE IN CERTI YI	FYING CAUSES ES 🗌	OF DEATH?
1977	190 DATE OF OPER,  2 - 20  210. ACCIDENT WAS UT OR CONTRIBUTING  (1F ETTHER NOTHY MEE 214 INJURY OCCU	ACTION  BS    CAUSE OF DEATH   DICAL EXAMINER    RRED   VIVILE	21b. TIME O HOUR A P 21e PLACE (AT HOME STR	TION FOR WHICH TEST NAL FINJURY M. MONTH DA M. DFINJURY EEL, FACTORY, OFFICE, F. e deceosed from 13 19	OPERATION OF BEAT OF B	N WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION STREET  19 8  and that in (my) (our) opinion  DEGREE	YES	NO TOPSY? NO TOP TOP TOP TOP TOP TOP TOP TOP TOP TO	20b. IF YE IN CERTIN YIN ITEM IB	FYING CAUSES ES  PART I OR PART 2)  COUNTY  19 35 ur ond from the	STATE that (I) (we) I couses stated
HEW.	19a DATE OF OPER.  2 - 20  21a, ACCIDENT WAS UT OR CONTRIBUTING  (IF EITHER NOTHY MEE 21d INJURY OCCUI  WHITE NOT W AT W  22a. I certify that ( sow the deceo obove, (I) (we)	ACTION  BS  NDERLYING [   CAUSE OF DEATH  NICAL EXAMINER]  RRED  VIOLE [   D) (this hospitol  sed olive on [ (did) (did not)  AME (TYPE OR P	19b. CONDITION 21b. TIME OF HOUR A. P. 21e PLACE (AT HOME, STA	TION FOR WHICH TO TO NAME FINJURY BET, FACTORY, OFFICE, F.  de deceosed from 13, 19 ofter death.	OPERATION OF BEAT OF B	216 HOW INJURY OCCUR  216 LOCATION  216 LOCATION STREET  217 LOCATION STREET  218 ADDRESS	Z00 AU  YES   RRED (ENTER 1  Decomposition of the control of the c	NO TOPSY? NO TOP TOP TOP TOP TOP TOP TOP TOP TOP TO	28b. IF YE IN CERTI YI YIN ITEM IB	FYING CAUSES ES  PART I OR PART 2)  COUNTY  19 35 ur and from the	OF DEATH? NO  STATE  that (II (we) I couses stated

DHMH - 16 60M 7/84

O FUNERAL DIRECTOR ould be detached for th the State Dept. of APORTANT. H IN

(VRA 15, 4)

24 FUNERAL DIRECTOR Donaldson Funeral Home, Laurel, Md

a Varidon-Randalle

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1	FOR STATE REGISTRAR	DEPAI	STATE OF MARYLAND ARTHUR OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 1 2 3	5 9
	DECEASED NAME FIRST	MIDDLE	LAST	26 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
1	_	orge	Miller	April 29.	1985 12:39 MAN
1	SEX	14 RACE	5 OATE OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	Male	Black	MONTH DAY YEAR	V	MONTHS DAYS HOURS MIN
-	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR		65 YR  BALTIMORE CITY OR COU	
	COUNTRY)		MARRIED XX NEVER MARRIED		NIT OF DEATH
1	Rhode Island	USA	WIDOWED   DIVORCED	PG	MD.
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	12s USUAL OCCUPATION  TYPE OF WORK FOR MOST OF WORKIN	12h KIND OF BUSINESS OR
	Cap. Hqts.Md.			Supervisor	Mental Health
U	SUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEI	FORE ADMISSION		Hentar Hearth
	aryland 136 CO		Igts. YES NO	919 Brook	Road
14	FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA		
2	George		er, Sr. Emily	WIDDIE	Stewart
114	WAS DECEASED EVER IN U.S.			ADDRESS	Stewart
	(YES, NO OR UNKNOWN)   IF YES, O	GIVE WAR OR DATES)		1.0 01	0 5 1 5 2
$\perp$	yes	577 ]		ller-wife-91	9 Brook Road Land APPROXIMATE INTERVAL Land Between ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECTION OF TO, OR AS A CO	sis		
3		IT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
Centracation	19a DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
4.0	OR CONTRACTOR TO CAUCA OF	DEATH HOUR A.M. MONTH	DAY YEAR	RED JENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	CE, FARM, ETC.) 21F LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a.1 certify that (I) (this ha	spital) attended the deceased from APril 5	OF	death occurred an the date and	, 19_85, that (I) (we) lost hour and fram the couses stated
	27b. SIGNATURE	reth m Bre		MEDICAL STAFF  DIRECTOR PHYSICIAN	222. DATE SIGNED / 4/29/85
	224. PHYSICIAN'S NAME ITYP		106 Invina S	treet, N.W., Wa	sh., D.C. 20010
	Kenneth	M. Brown, M.D.	Trop Try Ling 2	LIECL, N.W., WO	1311.

THE NAME OF CEMETERY OR CREMATORY

DHMH-16 25M (VRA 15, 4) 1/79 24 FUNERAL DIRECTOR Stewart

23a. BURIAL, CREMATION,

0 WW/ uneral

23b. DATE

Memorial Park

Landover, Maryland

250. DAN RAYO. BY REGISTRAD SUBJECT OF THE PROPERTY OF THE PRO

Benning Road, NE.



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTIANIO 2120	9	5
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	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Foger retained by the hospital as attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the tunesal
	40.00	11.2

	REGISTRAR CEASED NAME FIRST	WIDDLE	LAST	REG. NO.	DAY YEAR 26. HOUR
(TYPE	e OR PRINT)	ry	Miller	April 9	1985 м
3, 58	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
M	ale	Caucasian	November 7, 1910	94 74 YRS	5.
4	RTHPLACE (STATE OR FOREIGN COUNTRY)  ew York	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUN Prince George	
Acres and	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR
U	pper Marlboro	11504 Tyre Stre		Maintenance Ma	
Fr	ather's name ederick Miller	UNITY ISC. CITY OR TOW  George's Temple  MDDLE LAST	Hills YES NO  13d INSIDE CITY LIMITS?  Hills YES NO  15. MOTHER'S MAIDEN NA FIRST  Grace Dutto	MIDDLE	
	WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES.	ARMED FORCES? 166 SOCIAL SECU GIVE WAR OR DATES)		ADDRESS	
	Yes W	I 067-03-	5382 Evelyn Mi	ller - Same As	#13 A-E  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE			
THICATION	underlying cause last.	t conditions contributing to	DEATH BUT NOT RELATED TO THE TERM  O, 9 be tes Mell, 2  OPERATION WAS PERFORMED	200 AUTOPSI 20b. IF Y IN CERT	GIVEN IN PART I to  15/70 1  1
CERTIFICATION	PART 2. OTHER SIGNIFICAN  PART 2. OTHER SIGN	T CONDITIONS CONTRIBUTING TO I	OPERATION WAS PERFORMED  21c HOW INJURY OCCUR	200 AUTOPST 20b. IF Y IN CERT	YES, WERE FINDINGS USED TITIFYING CAUSES OF DEATH? YES NO
CERT	PART 2. OTHER SIGNIFICAN  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAM	T CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED  21c HOW INJURY OCCUR  19	200 AUTOPSI 20b. IF Y YES NOW	YES, WERE FINDINGS USED TITIFYING CAUSES OF DEATH? YES \( \text{NO} \)
MEDICAL CERTIFICATION	Underlying cause lost.  PART 2. OTHER SIGNIFICAN  PART 2. OTHER SIGNIF	T CONDITIONS CONTRIBUTING TO I	OPERATION WAS PERFORMED  21c. HOW INJURY OCCUR 19 211. LOCATION	200 AUTOPSI 20b. IF Y YES NOW	YES, WERE FINDINGS USED TITIFYING CAUSES OF DEATH? YES NO
CERT	Underlying cause last.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED WHILE AT WORK ALWORK  22a.1 certify that (1) this ho	T CONDITIONS CONTRIBUTING TO I	OPERATION WAS PERFORMED  AY YEAR  19  216 HOW INJURY OCCUR  STREET  32  216 LOCATION  STREET	YES NOW NOTICE TO STATE OF INJURY IN ITEM IS	YES, WERE FINDINGS USED STIFFYING CAUSES OF DEATH? YES NO SEPART LOR PART 2)  COUNTY STATE
CERT	Underlying cause last.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED WHILE AT WORK ALWORK  22a.1 certify that (1) this ho	T CONDITIONS CONTRIBUTING TO I	OPEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED  AY YEAR 19 21t LOCATION STREET  21t LOCATION STREET  DEGREE	TO AUTOPS! PRED LENTER NATURE OF INJURY IN ITEM IS  CITY OR TOWN  death accurred an the date and he	YES, WERE FINDINGS USED STIFFYING CAUSES OF DEATH? YES NO SEPART LOR PART 2)  COUNTY STATE
CERT	Underlying cause last.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED  WHIE AT WORK AT WORK  22a.I certify that (M) this ho saw the deceased alive above. (M) we) (did) into  22b. SIGNATURE	T CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED  AY YEAR  19  21c HOW INJURY OCCUR  ARM. ETC.)  21t LOCATION  STREET  DEGREE  ATTENDING  PHYSICIAN STREET	TO A PORT OF TOWN	YES, WERE FINDINGS USED PATHY YES NO DEATHY
CERT	Underlying cause last.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCUPANT AT WORK NOT WHILE AT WORK NOT	T CONDITIONS CONTRIBUTING TO I	OPERATION WAS PERFORMED  AY YEAR 19 211. LOCATION STREET  DEGREE ATTENDING PHYSICIAN \$ 22e ADDRESS 8440	TOO AUTOPS! POR INCER 100 IF Y IN CER 11 IN CE	YES, WERE FINDINGS USED INTERPLINE CAUSES OF DEATH? YES NO TO THE PART I OR PART 2)  COUNTY STATE  19 that (we) last nour and from the causes stated  22c DATE SIGNED  04/09/85
MEDICAL CERT	Underlying cause last.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED  WHILE NOT WHILE AL WORK AL WORK  22a. I certify that Othis he saw the deceased alive above, (I) we) (did) into 22b. SIGNATURE  22d. PHYSICIAN'S NAME (IY  RONALD LANGE	T CONDITIONS CONTRIBUTING TO I  TONDITIONS CONTRIBUTING TO I  TONDITION FOR WAICH  TO CONDITION FOR WA	OPERATION WAS PERFORMED  AY YEAR  19  211. LOCATION STREET  DEGREE  ATTENDING PHYSICIAN \$  22e ADDRESS 8440  Melw	RED (ENTER NATURE OF INJURY IN ITEM IS  CITY OR TOWN  A COUNTY OR TOWN  TO A COUNTY OR TOWN  A COUNTY OR TOWN  MEDICAL STAFF DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR ACCOUNTY OR TOWN  Pennsylvania A COOM, Maryland	YES, WERE FINDINGS USED INTERPRETATION OF DEATH? YES NO TO THE PART I OR PART 2)  COUNTY STATE  19 that (we) last nour and from the causes stated  22c DATE SIGNED  04/09/85
MEDICAL CERT	Underlying cause last.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM  21d. IN JURY OCCURRED  WHIE NOT WHILE AT WORK AT WORK DIVEN COLOR  220. I certify that (I) this has sow the deceased alive above. Well (did) 15th 22b. SIGNATURE  22d. PHYSICIAN'S NAME (IV RONAL LAND)  22d. PHYSICIAN'S NAME (IV RONAL LAND)	T CONDITIONS CONTRIBUTING TO I  TONDITIONS CONTRIBUTING TO I  TONDITIONS CONTRIBUTING TO I  TONDITION FOR WAICH  21b TIME OF INJURY HOUR A.M. MONTH D. P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F  and the body after death.  TEORPRINT)  THE OF INJURY (AT HOME STREET, FACTORY, OFFICE F  AND THE BODY OF	OPERATION WAS PERFORMED  AY YEAR  19  216 HOW INJURY OCCUR  AY YEAR  19  216 LOCATION  STREET  DEGREE  ATTENDING PHYSICIAN S  22e ADDRESS  8440  Melw  NAME OF CEMETERY OR CREMATORY	TOO AUTOPS!  TOO AUTOPS!  TOO IF Y IN CER'  YES NO TOWN  CITY OR TOWN  TO APPLY TO T	YES, WERE FINDINGS USED ETIFYING CAUSES OF DEATH? YES NO 1  COUNTY STATE  19 that (we) lost nour and fram the causes stated  22c DATE SIGNED  04/09/85  Wenue
WEDICAL CERT	Underlying cause lost.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that Othis has say the deceased alive above. Weel (did) And 22b. SIGNATURE  22d. PHYSICIAN'S NAME (IY  RONAL L. CREMATION, REMOV  SURIAL, CREMATION, REMOV  PIAL	T CONDITIONS CONTRIBUTING TO I  TONDITIONS CONTRIBUTING TO I  TONDITIONS CONTRIBUTING TO I  TONDITION FOR WAICH  21b TIME OF INJURY HOUR A.M. MONTH D. P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F  and the body after death.  TEORPRINT)  THE OF INJURY (AT HOME STREET, FACTORY, OFFICE F  AND THE BODY OF	OPERATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED  AY YEAR  19  21c HOW INJURY OCCUR  ATTENDING PHYSICIAN STREET  22e ADDRESS  8440  Melw  NAME OF CEMETERY OR CREMATORY  ATYLAND Veterans  ATYLAND Vet	ALTOPSY PROBLEM TO THE PROBLEM TO TH	YES, WERE FINDINGS USED PATHY YES NO THE NO

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0 - 3	1.	FOR STATE	DEPARTMEN	STATE OF MARYLAND	HYGIENE 2 3	<b>5</b> : 1
	1	REGISTRAR	MEDICAL EXA	AMINER'S CERTIFICATE	OF DEATH REG. NO.	
107005		CEASED NAME FIRST HUBERS	+ LEE	Miller	20 DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY YEAR 26 HOUR 4-6 19 85 M
4	3. SE	Tale Pubite	MONTH DAY YEAR LA	GE (IN YEARS IF UNDER 1 YR. IF UNDE SST BRITHDAY) MONTHS DAYS HOURS YRS.	R 24 HRS. 2c DATE  MIN. PRONOUNCED	4-6 1985 35 M
	FC	RTHPLACE (STATE OR ) REIGN COUNTRY)  VIRGINIA	Th. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARI WIDOWED DIVOR	CED   PRINCE	SEORGES CO, MD.
92404	C	HEVERLY	11. NAME OF HOSPITAL, NURSING	GENERAL HOPELAN	120. USUAL OCCUPATION (TYPE OF MOST OF WORKING LIFE)  CARPENTER	DE WORK 126. KIND OF BUSINESS SPINOIDERY  FOR PROVED
ANY D AND 3 RETAIN	000	AL RESIDENCE (IF IN NURSING HOME OF TATE MD 136 COUNTY PLANCE	OTHER INSTITUTION, GIVE RESIDE YE GEORGE RIV	FRDALE 13d. INSIDE CITY LIMITS?	13& STREET ADDRESS 62TH	AVERO37
DEATH DEATH OF PARTY		TOSEPH	MIDDLE LAST	LER BER	TIE MIDDLE	DEAVERS
BALTIMON JRS AFTER DE B. GIVE PAGE WITH FORM T. PAGES DIVISION		VAS DECEASED EVER IN U.S. ARM ES, NO, OR UNKNOWN) (IF YES, GIVE W	ED FORCES? AR OR DATES!  AR OR DATES!  AR OR DATES!  AR OR DATES!	12-2313 HELEN	MI MILLER R	YZL GITH, AVE
101 W. PRESTON ST., TED WITHIN 24 HOUF N PENCIL IN ITEM 18, XAMMINE ALONG W ALL TRANSIT PERMIT MENTAL HYGIENE, N, OR REMOVAL.		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATE Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause lost.	CAUSE OF CAUSE OF CONSEQUENCE OF CON		Pardio Vascula	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RECORDS, 2  JID BE EXECU PENDING" II F MEDICAL E ED AS A BURIL CREMATIO	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CO	( c) Ontributing 10 death but not related to	THE TERMINAL DISEASE OR CONDITION GIVEN IN P	ART 1 (g).	
SHOULD SHOULD OND "PE CHIEF N E USED "	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	HOPERATION WAS PERFORMED?		20 AUTOPSY?  YES NO 14
ON OF VITAL IFICATE SHOU S THE WORD TO THE CHIEF HOURD BE USE ARTIMED BE USE ARTI		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		YEAR 19	ED LENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)
DIVISICERTI HIS CERTI WRITING VARDED T AGE 3 SH ATE DEPA	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT STREET, FACTORY, FARM, ETC.)	HOME, 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: TE EXECUTE THE CÉRTIFICATE, PAGE 4 SHOULD BE PORV TO FUNERAL DIRECTOR: PAFTER-DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		death resulted fram: Natura ACTUAL SIGNATURE AUGUS	af the remains described above, he causes P. Accident D	Suicide . Hamicide  TITLE SPECIFY)  Deputy	undetermined manner  MEDICAL EXAMINER  Rayburn Ct., Temple	DATE 4-7-85- Hills, Md
	23a.B	URIAL, CREMATION, REMOVAL 231		ACCESSES	23d. LOCATION	SOUNTY OF ENTATE 1 24
07/84 BP " DHMH - 17 (VR A15 ME (5))	24. F	UNERAL DIRECTOR ADDOX FUNER	ALLHOME FRO	A MACHINE	RECID BY REGISTRAR 256 REGIST	RAR'S SIGNATURE

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Bowie, Maryland

FOR - STATE

REGISTRAR

24 FUNERAL DIRECTOR

Beall Funeral Home

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

2b. HOUR

IF UNDER 24 HRS

IF UNDER 1 YEAR

Hecht. Co.

Ossiminia

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

YES [

COUNTY

22r DATE SIGNED

STATE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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FOR
- STATE
REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

1. DECEASED NAME FIRST	MIDDLE	t	AST	20. DATE OF DEATH MC	NTH DAY	YEAR	2b. HOUR
(TYPE OR PRINT)	NE	MO	ONACO	4	5	85	1.56pm
3. SEX	4. RACE	5. DATE O	F BIRTH	6 AGE   IN YEARS LAST BIRTHD		INDER I YEAR	IF UNDER 24 HRS
Female	Caucasian	Dec.		82	YRS.		HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY?	NEVER MARRIED	9 BALTIMORE CITY OR			
New York	U.S.A.	WIDOWE		PRINCE GEORG	JES CO	UNTY	M
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, INF NOT IN SUCH FACILITY, GI	IVE STREET ADDRESSI		12a USUAL OCCUPATION		INDUSTRY,	F BUSINESS OF
CLINTON MD	SOUTHERN MA		OSPITAL	Housewife		N/A	
	OUNTY 13c CITY O	OR TOWN inton	13d. INSIDE CITY LIMITS? YES 🗗 NO 🗌	13e.SIREEI ADDRESS / Z 9105 Anna	Drive	20	0735
14. FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NAM	ME MIDDLE		145	T.
Xavier		selli	Catherin	ne			alana
	S. GIVE WAR OR DATEST	AL SECURITY NO. 10-9057	Peter S. Mona	9105 Ani	na Dri	ve	nd
No			reter 5. Hons	CIII	Jon, Fr		MATE INTERVAL
18 CAUSE OF DEATH (Ent	er only one couse per life for (a) NUSED BY: DIATE CAUSE (a)	RE CAR	DIO RIMONAR	4 HRRES	7	BETWEEN	ONSET AND DEATH
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gove rise to immediate cause (a), stating the underlying cause las		NSEQUENCE OF	housey D	15A ~~	rai i		
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	d not view the body ofter deal			- A	0110 11001 01	-	couses sidled
22b. SIGNATURE	12eyce	little !	ATTENDING PHYSICIAN	MEDICAL STAFF	иП	4/5	18
22d. PHYSICIAN'S NAME	TYPE OR PRINT)		22e. ADDRESS				
Teren	ce Bertele, M.	D.	7501 Surratt	s Rd. #201B,	Clint	ton, M	id. 20735
230. BURIAL, CREMATION, REMO			EMETERY OR CREMATORY	23d. LOCATION		OUNIY	STATE
Burial	4/11/85	Nativit	y Cemetery	Orchard	Park	Erie	N. Yor
24. FUNERAL DIRECTOR	7	DDRE 6160 0x		E REC'D. BY REGISTRAR 25	. REGISTRAI	₹'S SIGNAT	URE
George P. Kala	s Funeral Home	Oxon Hi	LL, Md.	R 1 1 4000			And alle

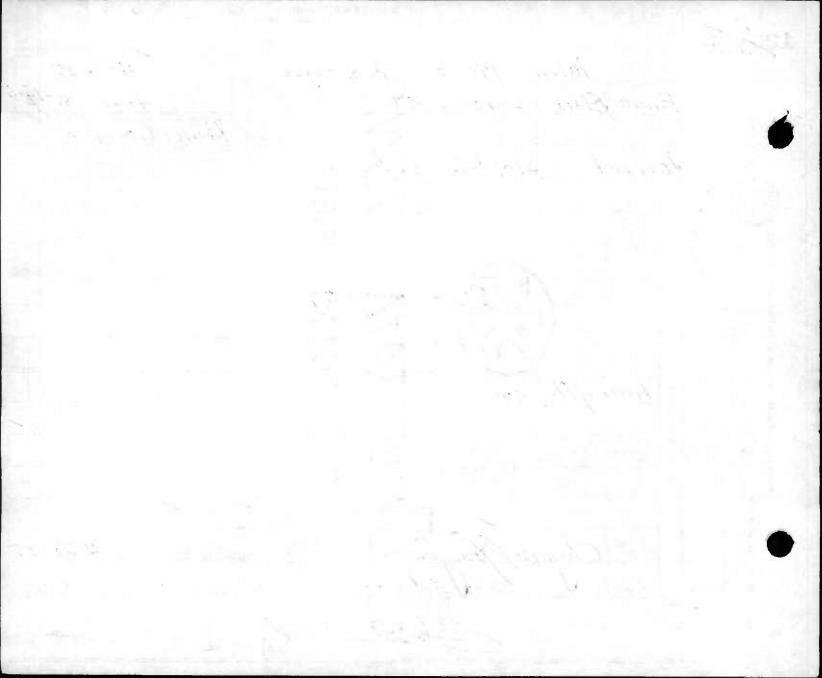
DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the hospital ar

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and eshauld be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

Armielan Loc. 7 LAYE + 32 citation of the committee Maryl no minos ne se Oli na ealgo lab BAR DURANT TO - 10-10-77 Texton . On co Chinton, lowered TO ANY PARENT STATE OF THE THE STATE OF THE BOLD OF THE STATE OF THE ST and the second of the same Erence estelo, M.D. 7 01 Winstte W. 2015, Clinson, Mc.20735 ing a state of the Common and the meral one recommon to the common of the com

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	ET 85. 25.		CRASED NAME FIRST HELD	n Mai	rie M	ontogue	OF ESTI- DEATH MATED	MONTH DAY YEAR 4-28 185	26 HOUR
	S NECESSARY, PLEASE FUNERAL DIRECTOR. E. 5 FOR YOUR FILES. D. WITHIN 72 HOURS M. PRESTON STREET,	3. SEX	male Stack	5 DATE OF BIRTH MONTH DAY 2 -10-	YEAR LAST BIRTHDAY)	FUNDER 1 . IF UNDER 24	HRS. 2c DATE PRONOUNCED DEAD	4-28 1985	24 HOY3
4	ECESSA INERAL FOR YOUTHIN PRESTO	FO	RTHPLACE STATE OR REIGN COUNTRY) Shington.D.C	76 CITIZEN OF WHA	AT COUNTRY? 8. M	ARRIED NEVER MARRIED	- Free /	RECOUNTY OF DEATH	MD
	A HE A HE	2	Y OR TOWN OF DEATH	11. NAME OF HOSP	ITAL, NURSING HOME, OR		O USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE) Retired	OF WORK 126 KIND OF BUS OR INDUSTRY	
6	WIAI REGORDS	13a. S		OR OTHER INSTITUTION, GIVE			e STREET ADDRESS 2101 Columb	pia Avenue	5
E. MO		JA. F	THER'S NAME FIRST Frances	WIDDLE	Carter	15. MOTHER'S MAIDEN Anna	NAME	Washington	
TIMOR	URS AFTER DE.  8. GIVE PAGE WITH FORM IT. PAGES I AN DIVISION OF	160. V	AS DECEASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166 SOCIAL SECURITY NO. 579 42 99	David Poi	ADDRESS indexter-fri Avenue Land	end-2101	land
ST., BA	OFOSH.		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	nly ane couse per light D BY: TE CAUSE (a)		rather	Avenue, Land	APPROXIMATE I BETWEEN ONSET	INTERVAL
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CORDS	BE E NDIN NDIN NDIN NDIN NDIN NDIN NDIN NDI	NO	PART 2 OTHER SIGNIFICANT CONDITIONS  HIS Try Ethe	CONTRIBUTING TO DEATH BU	PT NOT RELATED TO THE TERMINAL C	ISEASE OR CONDITION GIVEN IN PART I	(a)		
TAL RE	A FEE	CERTIFICATION	19a. DATE OF OUNATION	196 CONDIT	ON FOR WHICH OPERATIC	N WAS PERFORMED?		20 AUTOPSY?	NO 19
ONOF	THE WOULD BINKERN OR TO BE		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAY YEAR	It. HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)	
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	A SA		22a. I certify that I taok char-		ribed above, held on A	utopsy , Inspection	Undetermined monner	d in my opinion	
	CAL EXAMINER: THE CERTIFICATI SHOULD BE FOR FRAL DIRECTOR: SATH, WITH THE: ORE, MARYLAND		ACTUAL SIGNATURE	Mes Hen	Lugues /	TITLE (SPECIFY) Deputy	_MEDICAL EXAMINER	DATE 4-28.	-85
	MEDI CCUTE CCUTE CCUTE FUNI FUNI FUNI FUNI FUNI FUNI FUNI FUNI	4	EXAMINER'S NAME (TYPE OR PRINT)	Augusto P.	Bodriguez, M.D.	ADDRESS 5	009 Rayburn Ct., '		i
07/84	BB A D A B		URIAL, CREMATION, REMOVAL PECIFY Burial	<sup>23b</sup> DATE May 2,19	23c. NAME OF CEMETE	livet Cemet	23d LOCATION CITY OR TOWN  Ery Washingt	county D.C.	
25M	DHMH - 17 (VR A15 ME (5))	24 F	UNERAL DIRECTOR NAME tewart Funera	ADDRESS	Jun 700	250. DATE REC	D. BY REGISTRAR 256 REGIS	STRAR'S SIGNATURE	



# TO HOSPITAL OR ATTENDING PHYSICIAN: The law

STATE OF MAKTLANY	- 1
EPARTMENT OF HEALTH AND MENTAL HYGIENE	,
CERTIFICATE OF DEATH	

lι	- STATE		OF HEALTH AND MENTAL HYG	IENE	
١.	REGISTRAR	CEI	RTIFICATE OF DEATH	REG. NO.	
1 0	ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 2h HOUR
	PE OR PRINT)		. 4	10 DATE OF DEATH	25 140-
	MARGIA	BET K.	MOOD 4	3-29	-80 475M
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_		w .	2-17-1904	O YRS.	
7o. E		CITIZEN OF WHAT COUNTRY? 8.	ARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF	FDEATH
1 6	10 BUIDATE	1. 0	OWED' DIVORCED	PRINCE	GEORGE MD
10 (	CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HO	The second secon	12m USUAL OCCUPATION	12b. KIND OF BUSINESS OR
10. (	THE OR TOWN OF BEATH	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRES		(TYPE OF WORK FOR MOST OF WORKING LIFE)	
5	AKOMA PAKKI A	HERITAGE HE	AITH CAREC	NIA	NIA
บร์เ		THER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS			MD
130.	STATE 136 COUNTY	13c. CITY OR TOWN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	
	M.J P.67	7 TAKOMAI	PARKYES NO	7525 CARROLA	TUE. 20912
AA.	ATHER'S NAME		15 MOTHER'S MAIDEN NA		- Independent
$\nu$		DDLE 1/ LAST	FIRST	MIDDLE	LAST-
_		VARD KELLEY	OSIE	///AE	COLLIS
	WAS DECEASED EVER IN U.S. ARME  1YES, NO OR UNKNOWN) (IF YES, GIVE W		NO. 17 INFORMANT	ADDRESS 69	07-17144VE
	No -	577-18-75	87 DAVELTER - HE	LENE, BROWN - H	VATISUILLE MO
$\vdash$	<del> </del>		Of IDICAHIEC III	11	APPROXIMATE INTERVAL
ı	PART I, DEATH WAS CAUSED B	one couse per line for (o), (b), and (c),	2	4	BETWEEN ONSET AND DEATH
ı	IMMEDIATE C	I to cake and a	ac asses	1	
ı		DUE TO OR AS A CONSTOURNESS	25		
ı	6 195 37 114	DUE TO, OR AS A CONSEQUENCE	· malina Cal		
ı	Conditions, if ony, which gove rise to immediate	(b) 160 PAL	SIMMUSTOS		
ı	couse (o), stoting the	DUE TO, OR AS A CONSEQUENCE	QF	0 0	
ı	underlying cause last.	1 masun	e Booken 8	son seniling	l
	PART 2. OTHER SIGNIFICANT COM	NOTIONS CONTRIBUTING TO DEATH	BUT NOT BELATED TO THE TERM	MAL DISEASE OR CONDITION GIA	IN PART TO
z	TART 2. OTTIER SIGNALICANT CO.	AND THE STATE OF T	EDOT TO THE TEME	The bisense on containing the	
CERTIFICATION				V	
13	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED		VERE FINDINGS USED NG CAUSES OF DEATH?
<u>=</u>	1			YES NOW YES	
{ ≅	21g. ACCIDENT WAS UNDERLYING.	21b. TIME OF INJURY	214 HOW INJURY OCCUPS	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	
	OR CONTRIBUTING CAUSE OF DEATH	HOUR AM MONITH DAY Y	EAR	TENTER INTOKE OF MAJORIT METERS TO THE	
3	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
ž	WHILE NOT WHILE	(AT MOME, STREET, FACTORY, OFFICE, FARM, ET	C) STREET	CILLONIOWA	COUNTY
	AT WORK			5/201	045
	220.1 certify that (1) (this hospital)	~ / 9 . /	6/6/, 1984	, to 3/04/ 19.	that (I) (we) last
1	saw the deceosed olive on obove, (1) (we) (did) (did not) v	view the Body ofter Booth	, and that in (m) (our) opinion (	deoth occurred an the date and hour a	nd from the couses stated
1	22b. SIGNATURE	Thew the body offer peoffi.	DEGREE		22c. DATE SIGNED
	Tomas P.K	Canadadist	ATTENDING	ACDICAL STAFF	3/29/05
1	- 10111	Coron evillar	PHYSICIAN	DIRECTOR   PHYSICIAN	1 110)

16th st 5-5. MD 20910

230. BURIAL, CREMATION, REMOVAL

DHMH - 16 50M 4/83 (VRA 15, 4)

BURIAL 4-3-85

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STATE OF MARYLAND, FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 126084 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 2b. HOUR CLAUDE D. MOORE 04 23 85 11 47AM (TYPE OR PRINT) 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR IF UNDER 24 HRS March 23, 1902 82 Male White 70. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? PRINCE GEORGE'S COUNTY MARRIED NEVER MARRIED Virginia U.S.A. DIVORCED [ WIDOWED NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION PGG INDOSPITAL ALTREANDESMEDICAL CENTER 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Aide U.S. Gov't. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 138, STATE 138 COUNTY 137, CITY OF TOWN 20782 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 3326 Lancer Dr. Maryland P.G. Co. Hvattsville YES T NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE FIRST pu Adeline John Moore Margaret Armett 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Poges puc (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) Frances B. Moore (Wife) Same as # 13. None No APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH ending physicia corbonpopers 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1 removol PART I. DEATH WAS CAUSED BY **PNEUMONIA** IMMEDIATE CAUSE (a), traumotic ò CALCIFIC AORTIC STENOSIS cremation, Conditions, if any, which gove rise to immediate cause (a), stating the other OR AS A CONSEQUENCE OF AORTIC VALVE underlying cause lost pleas urial, ò PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 prior any 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? ial-fronsit per ene NOF YES X shay Hygi 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 8 HOUR A.M. MONTH DAY YEAR s the burial-tre OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIFETHER NOTIFY MEDICAL EXAMINER 5 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) morked WHILE NOT WHILE 87 22a.1 certify that (1) (thus harmed) attended the deceased from DIRECTOR 4-23 saw the deceased alive on. and that in (my) - opinion death accurred on the date and hour and from the causes stated above, (1) (a) (did) (did) view the body after death. should be detached with the State Dept. 22b. SKGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN \* ANT 22e ADDRESS 6201 GREENBELT ROAD 27d PHYSICIAN'S NAME NE OR PRINT IMPORT, BARRY EPSTEIN, M.D. COLLEGE PARK, MD. 20740 0 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

Chambers Crematory

Riverdale, Maryland

CITY OR TOWN

P.G. Co., Maryland

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Riverdale

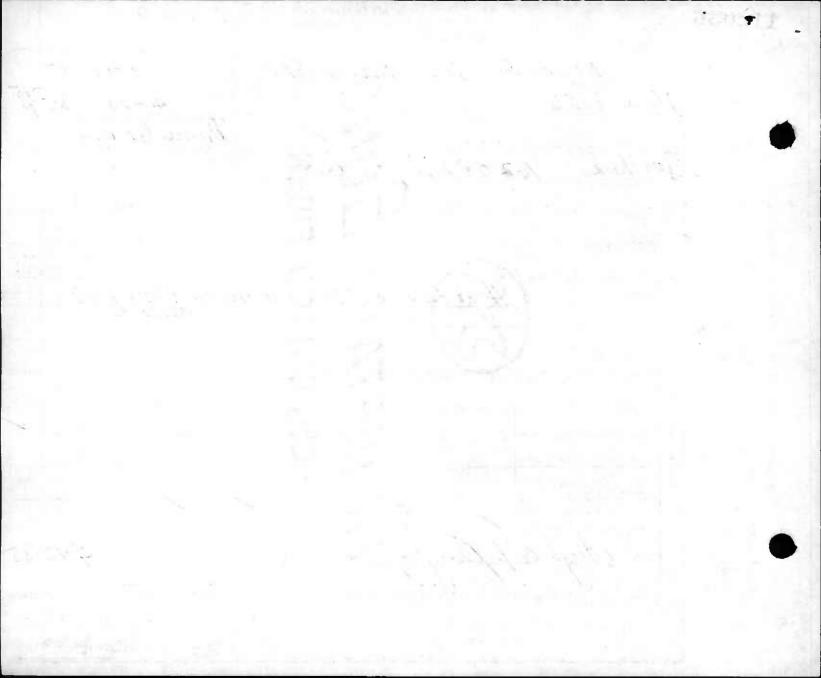
DHMH - 16 60M 7/84 (VRA 15, 4) Cremation

Chambers Funeral Home

24 FUNERAL DIRECTOR

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STATE OF MARYLAND



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		TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24	retained by the haspital or attending physician.

BP. DHMH - 16 50M 4/8 (VRA 15, 4)

		REGISTRAR CEASED MAME	FIRST	LENN MID			FICATE OF DEATH	2a. DATE O	F DEATH N		DAY YEAR	Zb. HOUR
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	3 SE	X	4_ R	RACE		5. DATE C	OF BIRTH	6. AGE (IN	YEARS LAST BIRTH		IF UNDER TYEAR	IF UNDER 24
		M Ma	18	W	hite	1.10	26, 1922		62		NONTIS DATS	I IIOUKS
8.		RTHPLACE (STATE OR	FOREIGN 76		HAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMO	ORE CITY OR	COUNTY	OF DEATH	
0/6		country) ennsylvani	a	U.S.A		WIDOWE		KIN	ICE	6tos	RGES.	
87.7		ITY OR TOWN OF DE		NAME OF HO	SPITAL, NURSIN	NG HOME (	OR OTHER INSTITUTION	120 USUAL	OCCUPATIO	)N WORKING LIFE	126. KIND O	F BUSINESS
V3	KIL	PERDALE	4	ELANI	> Ine	mok	IAL HOST	Engin	-			Gov*t
L	USU. 130. S	AL RESIDENCE (# NUR	136 COUNTY		E RESIDENCE BEFOR		1 13d. INSIDE CITY LIMITS?		ADDRESS /	ZIP CODE		
50	Маз	ryland	P.G.		iverdal		YES NO	Terror States	64th			0737
ui.		THER'S NAME	MIDE		LAST		15 MOTHER'S MAIDEN I		WIDDLE		LAS	
1800	F	rank	H.		Morgan		Cora	P	elle		Mathe	
	160 V	VAS DECEASED EVER	N U.S. ARMED	D FORCES? 16	SOCIAL SECU	URITY NO.	17. INFORMANT		ADDRES	SS	1100 0110	
medica	1 .	YES, NO OR UNKNOWN)	WW 2		19-14-5	5995	Kathryn E. Morgan, Same as Line #1			ne #13		
. P		18 CAUSE OF DEAT					./					MATE INTERVA
ather traumatic ev		Canditions, if ony gave rise to im cause (a), statiunderlying cause	mediate ng the	DUE TO, OR A	S A CONSEOU	le	Myocar Myocar Obst. L	Beal	Info	inh	lai	
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haws any injury, or ather traumatic ev	TIFICATION	gave rise to im cause (o), stofi underlying cause PART 2. OTHER SIG	v, which mediate ng the e last.  NIFICANT CON	DUE TO, OR A  (b)  DUE TO, OR A  (c)  NDITIONS CON	S, A CONSEOU TRIBUTING TO	DEATH BUT	DN WAS PERFORMED	200 AUT	OPSY?	206. IF YES IN CERTIFY YES	, WERE FINDIN YING CAUSES S	IGS USED
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21 is marked or Item 18 shows any injury, or		gave rise to im cause (o), stofiunderlying cause  PART 2. OTHER SIG  190. DATE OF OPERA  210. ACCIDENT WAS UN OR CONTRIBUTING [ (IF ETHER. NOTIFY MED 21d. IN JURY OCCUR WHILE NOT W AT WORK NOT W 220. I certify that (I	V, which mediate ng the e last.  NIFICANT CON  CAUSE OF DEATH  ICAL EXAMINER)  RED  HILL	DUE TO, OR A  (b)  DUE TO, OR A  (c)  19b. CONDITIONS CON  21b. TIME OF II  HOUR A.M. P.M.  21e. PLACE OF  (AT HOME, STREET	TRIBUTING TO  DN FOR WHICH  NJURY MONTH  FACTORY, OFFICE, I	DENCE OF  DEATH BUT  H OPERATIO  YEAR  19  FARM, ETC.)	21c HOW INJURY OCC	200 AUTO YES  URRED (FINTER N	OPSY?  NO DATURE OF INJURY  CITY OR TOW	20b. IF YES IN CERTIFY YES Y IN ITEM 18 PA	, WERE FINDING CAUSES S	AGS USED OF DEATH? NO STAT
them 21 is marked or Item 18 shows any injury, or		gave rise to im cause (o), stofiu underlying cause  PART 2. OTHER SIG  190 DATE OF OPERA  210. ACCIDENT WAS UN OR CONTRIBUTING [IF EITHER, NOTIFY MED  21d. IN JURY OCCUR  WHILE NOTIFY OCCUR  AT WORK NOTIFY OF A THE	V, which mediate ng the e last.  NIFICANT CON  CAUSE OF DEATH  ICAL EXAMINER)  RED  HILL	DUE TO, OR A  (b)  DUE TO, OR A  (c)  19b. CONDITIONS CON  21b. TIME OF II  HOUR A.M. P.M.  21e. PLACE OF  (AT HOME, STREET	TRIBUTING TO  DN FOR WHICH  NJURY MONTH  FACTORY, OFFICE, I	DEATH BUT H OPERATIO  TAY YEAR 19 FARM, ETC.)	216. HOW INJURY OCCI 211. LOCATION STREET	200 AUTO YES  URRED (FINTER IN  an death accurred	OPSY? NO DATURE OF INJURY CITY OR TOW  ed on the dat	20b. IF YES IN CERTIFY YES TO THE M 18 PA	, WERE FINDING CAUSES S	STAI
them 21 is marked or Item 18 shows any injury, or		gave rise to im cause (o), stofiunderlying cause  PART 2. OTHER SIG  19a DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED  21d. INJURY OCCUR WHILE NOTIFY MED  22a. I certify that (!) saw the deceas obove, (!) (we) !) (we) !)	NIFICANT CON  TION  TOTAL EXAMINER  O(TION CAUSE OF DEATH  O(TION CA	DUE TO, OR A  (b)  DUE TO, OR A  (c)  NDITIONS CON  19b. CONDITION  21b. TIME OF INTERPRETED IN TIME OF INTERPRETED INTERPRETED IN TIME OF INTERPRETED IN TIME OF INTERPRETED IN TIME OF INTERPRETED INTERPRE	TRIBUTING TO  DN FOR WHICH  NJURY MONTH  INJURY FACTORY, OFFICE, I	DEATH BUT H OPERATIO  TAY YEAR 19 FARM, ETC.)	211. LOCATION STREET  Ad that in (my) (aur) apinion  ATTENDING	200 AUTO YES  URRED (FINTER IN  an death accurred	OPSY? NO DATURE OF INJURY CITY OR TOW  ed on the dat	20b. IF YES IN CERTIFY YES TO THE M 18 PA	COUNTY	STAI
them 21 is marked or Item 18 shows any injury, or	WEDICAL 23a. E	gave rise to im cause (o), stofi underlying cause PART 2. OTHER SIG  190 DATE OF OPERA  210. ACCIDENT WAS UN OR CONTRIBUTING (IF ETHER, NOTIFY MED 21d. INJURY OCCUR WHILE AT WORK AT WORK 220.1 certify that (!' saw the decease obave, (!) (we) ( 22b. SIGNATURE	NIFICANT CON  ATION  AT	DUE TO, OR A  (b)  DUE TO, OR A  (c)  NDITIONS CON  19b. CONDITION  21b. TIME OF II HOUR A.M. P.M.  21e. PLACE OF (AT HOME. STREET)  attended the content of the body of the b	TRIBUTING TO  ON FOR WHICH  NJURY MONTH  INJURY FACTORY, OFFICE, 19  deceased from 19  ier death.	DEATH BUT H OPERATIO  AY YEAR 19 FARM, ETC.)	211. LOCATION STREET  Add 19  Add 19  Add 10 (my) (aur) apinio DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	URRED (FINTER N  The part death accurred  MEDICAL  DIRECTOR  Y 1234, LOC	OPSY? NO DATURE OF INJURY CITY OR TOW BED on the dot STAFF	20b. IF YES IN CERTIFY YES TO THE M 18 PA	COUNTY	STAI

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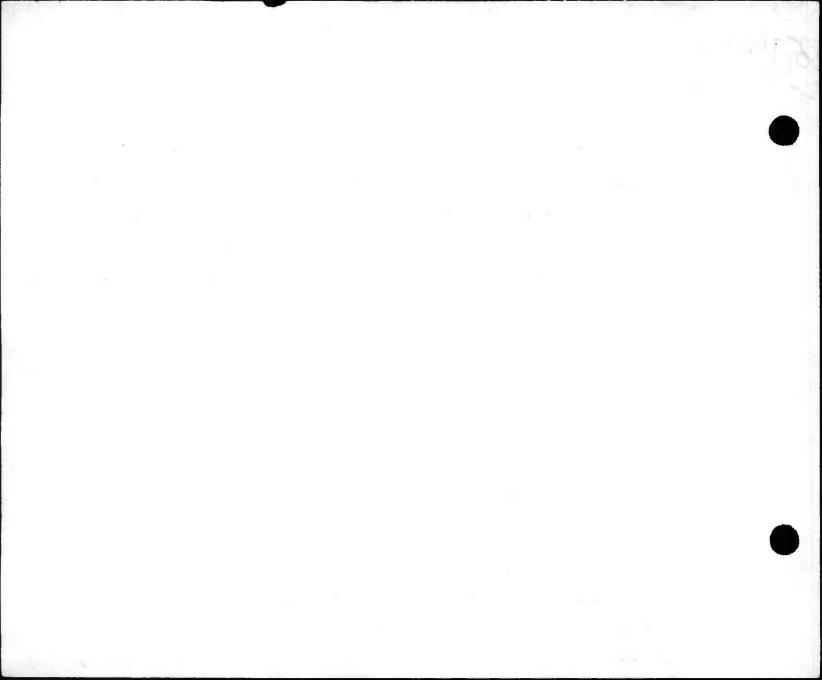
STATE OF MARYLAND

ł	1 -	STATE			DEPARTA		EALTH AND M		IENE			
ı		REGISTRAR				CERTIF	ICATE OF D	EATH	R	G. NO.		
١		EASED NAME	FIRST		WIDDLE	i.	AST		20. DATE OF DEA	нгиом НТ	DAY YEAR	2b. HOUR
ı			Ches	ter 1	.00	M	orric		March 2	9. 1985	5	10.35pM
ł	3. SEX			4. RACE		5. DATE C	FBIRTH		6. AGE (IN YEARS)	ASI BIRTHDAY)	MONTHS DAY	1.
ĺ		Male		Black		7-	11-	39	45	YR	S	HOURS MIN
A		OUNTRY)	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER M	ARRIED	9. BALTIMORE C	ITY OR COU	NTY OF DEATH	2
1		hington,	D.C.	USA		WIDOWE		ORCED T	Prince	Georg	es Coun	+ 17 MD.
1		TY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NURSIN		R OTHER INSTI	TUTION	12a USUAL OCC	UPATION	12b. KIND	OF BUSINESS OR
		mp Spring		Malco:	LmGrow U.	S. Ai	r Force	er Med.	Retire		Fed.	Gov't
3	USUA 13a. S	L RESIDENCE (# NURS	13b COUN		GIVE RESIDENCE BEFORE		LI3d INSIDE CIT	Y LIMITS?	13e STREET ADD	RESS / ZIP CO	ODE /	11112
A	_Md		P	G	Suitland		YES.	NO 🗌	5607 Re	gency P	le CF.	# 6
1	14. FA	THER'S NAME					15. MOTHER'S		A/E		100	
/		first UN		WIDDIE	LAST		Eis	IRST		DDLE   all up as al	L	AST
Н	16a W	AS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU	RITY NO	17. INFORMAN			ADDRESS		
١	(4	ES, NO OR UNKNOWN)	(IF YES, GA	E WAR OR DATES)								
١	Ye	s	59-	81	<u> 578-50-0</u>	024	Lind,	a Marti	in- 561	Regen	cy Pk.	Ct. Apt.
١		18. CAUSE OF DEAT		line for (a), (b), and	d (ci.)	-				BETWEE	DXIMATE INTERVAL N ONSET AND DEATH	
١		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiopulmonar arest										
1		DUE TO, OR AS A CONSEQUENCE OF										
1		Conditions, if any, which ( 1) SELF extubation										
1	gove rise to immediate											
1		underlying cause last.   DUE TO, OR AS A CONSEQUENCE OF LONG SUMPORT FOR ARDS										
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To										
	CERTIFICATION											
)	CAT	19a DATE OF OPERA	TION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED				MED	200 AUTOPSY		YES, WERE FIND	
	E								YES NO YES NO			
P	8	218. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTION COLORS OF REAL HOUR A.M. MONTH				21¢ HOW INJURY OCCUR			RED (ENTER MATURE	DE INJURY IN ITEM	IB PART I OR PART 2	
	AL.	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH				19						
1	MEDICAL	21d. INJURY OCCURRED 21e. PLACE O		OF INJURY 211 LOCATION			Ν	6.07	Y OR TOWN	COUNTY	STATE	
	WE	WHILE NOT WE	HILE D	(AT HOME, ST	REET, FACTORY, OFFICE F	ARM ETC )	STREET		ţ (11	1 ON TOWN	COMIT	STATE
1		220 1 certify that (1)	(this hospi	tal) attended th	ne deceased from _	26 n	rarch	19 85	1021	march	19 95	, that (1) (we) lost
		saw the deceas				85,0	nd that in (my) (	aur) apinian c	death accurred an	the date and	have and from th	ne causes stated
		above, (I) (we) (did) (did not) view the body after death.  22b. SJGM TURE  DEGREE								22c. DA	TE SIGNED	
		Kursell W. Eggin ATTENDING PHYSICIAN					TENDING HYSICIAN	MEDICAL DIRECTOR _ F	STAFF HYSICIAN [	291	March 8.	
		22d PHYSICIAN'S N.	AME (TYPE C	OR PRINTY			22e ADDRESS	,				
		Dr. Rus	10011	W Face	rt M.D.		Malcol	m Grow	II S At	rforce	Medical	Center
		URIAL, CREMATION,				NAME OF C	EMETERY OR C		23d LOCATIO	N		
		Burial		4/5/8	25	1	- t 37 - 1	العاملة الما	CITY OR TO	****	COUNTY	STATE
		DULTAL INIERAL DIRECTOR		1 4/3/3	2.2	ariin	gton Nai	Ional 25a DATI	F REC'D BY REGI	ington	NIPAD COST	<del>lia</del>

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, should be detached for visi-with the State Dept, of Hea

Alexander S. Pope 2617 Pennsylvania Ave



	within 24 Nors offer death. Po	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed and by the became of the adjace observing an extension of the became of the procession of the proces	

BP. DHMH - 16 50M 4/B2 (VRA 15, 4)

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039	1-	FOR STATE REGISTRAR			DEPA	RTMENT OF H	E OF MARYLAND BEALTH AND MEN ICATE OF DEA	NTAL HYGI	ENE REG. N	5 /	U	
		CEASED NAME	FIRST		MIDDLE	0.7	.AST		20. DATE OF DEATH	MONTH DA		2b. HOUR
deod			tanl	ey_	E	wo	rselas	ST	Hpril	18	1985	6 AM
7 6	3. SEX		- '	I. RAČE		5. DATE C	d DAY	YEAR	6. AGE (IN YEARS LAST BIL		NIMS DAYS	HOURS MIN.
David O	-	MOLE (STATE OR		White		Nov	/ 25	923	9 BALTIMORE CITY O	YRS.	DEDEATH	
Ed 27	_ <	OUNTRY)	OREIGN	6. CITIZEN OF	WHAT COUNT	MARRIE	D NEVER MAR		Prince		PUENT	777
The state of the s	10. CI	TY OR TOWN OF DEA	TH 1	11. NAME OF	HOSPITAL, NU	RSING HOME C	DIVOR		120. USUAL OCCUPAT	ION	12b. KIND O	MD. OF BUSINESS OR
13/16		10 ton		UZ NOT IN SUC	CH FACILITY, GIVE ST	treet ADDRESS)	Combo		TYPE OF WORK FOR MOST	OF WORKING LIFE)		acco
13 600	Usu	AL RESIDENCE (IF NURS	ING HOW DEC	THER INSTITUTION	GIVE RESIDENCE B	EFORE ADMISSION)	101 PICIDE CITY	1111750	TCA TY		100	ACCO
No to		president	A			Ship	13d. INSIDE CITY YES \( \begin{array}{c} \cdot \	O 🔼	130. STREET ADDRESS	150lca	m E	RH 20758
# 100	14. FA	THER'S NAME		NDDLE	_ 1457	1	15. MOTHER'S M.		AE AVDDLE		LAS	
1/10		Jose ac		- 6		ion	Soc	110			Caul	ettoo
die die		VAS DECEASED EVER		MED FORCES?	16b. SOCIAL S		17. INFORMANT		ADDR		#1	2
11		NO	N	4	13121	2904RA	Kose o	000	100 60	me O	0 -	
hysic pope ovol.		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only AS CAUSED	y one couse per BY:	Pacal	ond (c).	- F. I	11.00				ONSET AND DEATH
bon property contracts			IMMEDIATE		VEZ	142700	/ Fg /	1010			10	min
tendi		Conditions, if ony	u de i e le	DUE TO, O	RAS A CONSE	n s ter	n He	his	Linh		541	eet
emov motion r tro		gove rise to imp	nediote	16)				7113	140			
by the		underlying couse		DUE 10, 0	A C U	E CV	belival	1 he	matome		15 w	cets
n ple ourio y, or		PART 2. OTHER SIGI	VIFICANT C	ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CON	DITION GIVE	N IN PART 10	0 1 .
Their Their injury	CERTIFICATION	hyper	tens	104,6	oron	ary A	kypi	segge	· Venous	s tasi		oggula hon
s bering	CAI	190 DATE OF OPERA	TION	196-COND	ITION FOR WH	1/1	N WAS ERFORM	1	20a AUTOPSY?	10b. IF YES	WERE FINDIN	OF DEATH?
She ho	RTIF	210, ACCIDENT WAS UN		21b, TIME C	HSU	pdas		tom	YES NO	YES		NO 🗆
Hicote I-tronsit of Hygin		OR CONTRIBUTING				DAY YEAR	ZIC HOW INJUR	RTOCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT ) OR PART 2)	
buria Ment ar Her	MEDICAL	(IF EITHER NOTIFY MEDI 21d. INJURY OCCUR			.M. OF INJURY	19	211. LOCATION		····			
the to ond wed o	WE	WHILE NOT WE AT WORK AT WO	OLE 🗀	(AT HOME, ST	REET, FACTORY, OF	FICE, FARM, ETC )	STREET		CITY OR TO	)WN	COUNTY	STATE
se os se os solth mort		229 L certify that C	(this hospite	ol) ottended t	ne deceased fro	om Mar	411	19 85	to April	18	983	that (Twe) lost
for u of He		sow the deceos obove, (1) we) (	ed olive on	April	17	985.0	nd that in (100)(ou	ır) opinion o	leath occurred on the d	ate and hour		
		226. SIGNATURE	A CONTRACTOR	/	oner deom.		DEGREE				22c. DATE	SIGNED
		Ronald	4	Lane	from &	01	H PHY	SICIAN E	MEDICAL STA	FF CJAN 🗆	7/1	9/85
4 4 7		22d. PHYSICIAN'S N.	AME (TYPE OR	PRINT)			220. ADDRESS	7440	Penny	1097-9	Ave	
should be det with the Stote IMPORTANT:		Konsly	L9.	ndm	my +	18	VPP	er ,	Marlbo	0 M	d	
- 4 > 5	23a. E	URIAL, CREMATION,	REMOVAL	23b. DATE	0100		EMETERY OF CRE	MATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	24 5	SOLIO!		Porl	13187	Friend	Ship	250 DATE	Folera	300	APIS SIGNALIA	120
16 50M 4/B2 A 15, 4)	29. F)	MERAL DIRECTOR	ら Fo	was	Home	ESS OWY	B	MAN	REC'D. BY REGISTRA	Julia Da	erdsor-	andell

DN 12-2-2- was to the first the same of th Reserving Fallers 10 mag \_ Lead to the second of the second seco hypertages coronary in a place sense it for high THE SLIPPA TO LONG THE WALL Loud Lie Loude M.D.

TO HOSPITAL UR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Page 4 may be

by the funeral director, page 3 ed within 72 hours after death

FOR

### STATE OF MARYLAND

DIE HI DENCE IF NUE  Land SNAME FIRST A. N	FOREIGN 7b.  rolina ATH 11  ll  tsing Home or or 13b COUNTY PG  Mid  ash,ST  RINUS. ARME (FYES, GIVE W.)	NAME OF HOSPIT  (IF NOT IN SUCH FACILIT  4312 2.  HER INSTITUTION, GIVE RE  134 CT  TEI  DIE  DIE  AR OR DATES	Na S DATE ( MONTH  MAT  COUNTRY?  MARRIE  WIDOWE	DAY YEAR 14, 192  DIANEVER MARRIED DIVORCED OR OTHER INSTITUTION  THE STATE OF THE	PG  120 USUAL OCCUPA (TYPE OF WORK FOR MOS Retired  S?  130 STREET ADDRES 4312 221	OR COUNTY O	UNDER I YEAR NTHS DAYS  F DEATH  126 KIND (INDUSTRY)	MD. OF BUSINESS OR
ACE (STATEOR)  TH Ca  TOWN OF DE  DIE HI  IDENCE IN NUM  S NAME FIRST  A. N  COLUMNOWN	FOREIGN 7b.  rolina ATH 11  ll  ssing Home or or 13b COUNTY PG  Ash, Sr  RINUS. ARME (FYES, GIVE W.)	Black CITIZEN OF WHAT USA NAME OF HOSPIT (IF NOT IN SUCH FACILIT 4312 2. HER INSTITUTION, GIVE RE 138 CC TEL	S DATE C MONTO MAT  COUNTRY? B MARRIE WIDOWE  AL, NURSING HOME C VY, GME STREET ADDRESS)  2nd Stree SIDENCE BEFORE ADMISSIONI TY OR TOWN  TO R TOWN  TO LAST	DE BIRTH  1. 14, 192  DE MEVER MARRIED  DE DI DIVORCED  DR OTHER INSTITUTION  THE STATE OF THE S	6 AGE (INYEARS LASTE  59  BALTIMORE CITY  PG  120 USUAL OCCUPA (TYPE OF WORK FOR MOS  Retired  59  130. STREET ADDRES  4312 221	YRS.  OR COUNTY O  TION TOF WORKING LIFE!	UNDER I YEAR NTHS DAYS F DEATH	MD.  HOURS MIN  MD.  OF BUSINESS OR
TOWN OF DE  TOWN O	FOREIGN 7b.  rolina ATH 11  ll  tsing Home or or 13b COUNTY PG  Mid  ash,ST  RINUS. ARME (FYES, GIVE W.)	Black CITIZEN OF WHAT USA NAME OF HOSPIT (IF NOT IN SUCH FACER 4312 2. HER INSTITUTION, GIVE RE 133 C. Tel	COUNTRY?  MARRIE WIDOWE  AL, NURSING HOME ( TY, GME STREET ADDRESS)  2nd Stree SIDENCE BEFORE ADMISSION) TY OR TOWN  TO R TOWN  TO LAST	DAY YEAR 14, 192  DIANEVER MARRIED DIVORCED OR OTHER INSTITUTION  THE STATE OF THE	6 59  BAITIMORE CITY  PG  120 USUAL OCCUPA (TYPE OF WORK FOR MOS Retired  S? 130 STREET ADDRES 4312 221	YRS.  OR COUNTY O	F DEATH  126 KIND ( INDUSTRY)	MD. OF BUSINESS OR
TOWN OF DE  TOWN O	rolina ATH 11 11 11 ISING HOME OR OT OT 130 COUNTY PG  ASh, ST R IN U S. ARME (IF YES, GIVE W.)	USA NAME OF HOSPIT (IF NOT IN SUCH FACILIT 4312 23 HER INSTITUTION, GIVE RE 136. CI TEI  DIE  AR OR DATES	MARRIE MA	. 14, 192  D NEVER MARRIED D NORCED OR OTHER INSTITUTION  T  13d INSIDE CITY LIMIT YES NO NO  15 MOTHER'S MAIDEN FRIST	PG  120 USUAL OCCUPA (TYPE OF WORK FOR MOS Retired  S? 130 STREET ADDRES 4312 221	YRS.  OR COUNTY O	F DEATH  126 KIND CINDUSTRY	MD. OF BUSINESS OR
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FIRST  A. N  ECEASED EVEL OR UNKNOWN	ash, Sr RINUS. ARME (IF YES, GIVE WA	D FORCES? 166 SO		FIRST				
ECEASED EVEL OR UNKNOWN)	R IN U.S. ARME (IF YES, GIVE W)	D FORCES? 166 SO	OCIAL SECURITY NO	T			LA	ST
OR UNKNOWN	(IF YES, GIVE WA	AR OR DATES]	ACIAL CECUBITY NO		s Herd			
AUSE OF DEA	TH (Enter only)	2	DCIAL SECURITY NO	17 INFORMANT	ADL	RESS		
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e rise to imile (a), stati erlying caus	mediate ing the e last MIFICANT COI	NDITIONS CONTRIB	UTING TO DEATH BUT		200 AUTOPSY?	20h. IF YES, V IN CERTIFY II	VERE FINDI	NGS USED S OF DEATH?
		AN THE OF BUILD	ev.	Tar. How bullion of				NO 🔲
ONTRIBUTING	CAUSE OF DEATH			ZIL HOW INJURY OC	CORRED (ENTER NATURE OF IN	JURY IN HEM 18, PART	I OR PART 2	
				211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
RK NOT V	ORK		A	14		0 116	-	-
				19 1	0 10	1 19	22	that (i) (we) a
ow the decon	sed alive on	riew the flody ofter d	19 19 1	d that in (my) (our) opi	nion death occurred on the	date and haur a	nd from the	couses stoted
IGNATURE	Mar	ble		ATTENDIN			n. part	SIGNED
HYSICIAN ST	AMENITURE OR PR	WAI DO	C	274 ADDRESS	with h	d		
	e rise to im erise	ATE OF OPERATION  ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH HIRE, NOTHEY MEDICAL EXAMINER)  NJURY OCCURRED  E NOT WHILE AT WORK  AT WORK  Certify tha (1) (the hospital ow the deed seed alive on the contribution of the contribution). If we deed seed alive on the deed seed alive of the dee	e rise to immediate to 101, stating the erlying cause last  2 OTHER SIGNIFICANT CONDITIONS CONTRIB  ATE OF OPERATION  196 CONDITION F  ACCIDENT WAS UNDERLYING   216, TIME OF INJU HOUR A.M. M HOUR A.M. M INDIRY MEDICAL EXAMINER)  197 DATE OF INJU HOUR A.M. M INDIRY MEDICAL EXAMINER)  210 PLACE OF INJU (AT HOME, STREET, FAC  101 (1) (1) (1) A hospital) attended the deserving that the control of	e rise to immediate to instruction of the property of the content was underlying and the cont	e rise to immediate to lost in mediate to lost stating the lost stating the priying cause lost in lost lost lost lost lost lost lost lost	PUE TO, OR AS A CONSEQUENCE OF    CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO    CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO    CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO    CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO    CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO    CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO    CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO    CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO    CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO    CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO    CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO    CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO    CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO    CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO    CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO    CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO    CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO    CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO    CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO    CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO    CONTRIBUTING TO THE TERMINAL DISEASE OR CO    CONTRIBUTING TO THE TERMINAL DISEASE OR CO    CONTRIBUTING TO THE TERMINAL DISEASE OR CO   CONTRIBUTION TO THE TERMINAL DISEASE OR CO   CO	DUE TO, OR AS A CONSEQUENCE OF  2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN  ATE OF OPERATION  196 CONDITION FOR WHICH OPERATION WAS PERFORMED  206 AUTOPSY?  206 IF YES, V IN CERTIFYIN  YES NO YES NO YES NO HEEL NOT NOT WHICH OPERATION WAS PERFORMED  216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR HEER, NOTIFY MEDICAL EXAMINER)  P.M. 19  216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  217 LOCATION STREET  CEPTIFY THO (1) (1) (1) A hospital) aftended the deseased from own the deceased allowed for the deceased from t	DUE TO, OR AS A CONSEQUENCE OF  2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:  ATE OF OPERATION  196 CONDITION FOR WHICH OPERATION WAS PERFORMED  206 AUTOPSY?  206 IF YES, WERE FINDING CAUSE: YES NO YES NO HICHORY IN CERTIFY ING CAUSE: YES NO HOUR A.M. MONTH DAY YEAR HER. NOTIFY MEDICAL EXAMINER)  216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  217 LOCATION STREET  CITY OR TOWN  COUNTY  AT WORK  AT WORK  AT WORK  19 AT WORK  AT WORK  19 AT WORK  19 AT WORK  AT WORK  19 AT HOME STREET, FACTORY, OFFICE, FARM, ETC.]  19 AT HOME STREET  110 ADDRESS  111 ADDRESS  112 ADDRESS

DHMH-16 25M (VRA 15, 4) 1/79

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Stewart Funeral Home-4001 Benning Road NE.

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Tuneral director, page 3

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARYLAND 21201

1 - STATE

### STATE OF MARYLAND DEPART

MENT OF HEALTH AND MENTAL H	YGIENE REG. N	10.	
1.457	A DATE OF DEATH		- 0.4

	REGISTRAR			CERTIFI	CATE OF DEATH	REC	NO.		
	CEASED NAME FIRST	Mi	DODLE	ŁA	AST	20. DATE OF DEAT		DAY YEAR	26 HOUR
[TYPE	Joseph	Herma	an Ne	ewmaı	n	MARCH	22,	1985	11:10
3. SEX		4. RACE		5. DATE O	F BIRTH	6 AGE (IN YEARS LAS	T BIRTHDAY}	MONTHS BAYS	IF UNDER 24 HRS
	Male	Bla	ck	Marc	ch 8,1909	76	YR		HOURS MIN
	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8 MAADDIED	NEVER MARRIED	9 BALTIMORE CIT	Y OR COU	NTY OF DEATH	TO THE
	Md.	U.S.	A.	WIDOWE		PRINCI	E GEC	RGES CC	UNTY ,
IO CIT	TY OR TOWN OF DEATH		OSPITAL, NURSING		ROTHER INSTITUTION	12a USUAL OCCUP			F BUSINESS O
CI	LINTON				D HOSPITAL	Self-en			ing
USUA 13a S	AL RESIDENCE (IF NURSING HOME COL	INTY	GIVE RESIDENCE BEFORE A 13t. CITY OR TOWN at Pleas	1	13d. INSIDE CITY LIMITS? YES AND	13 STREET ADDRE	ss/zipc	St. 20	743
-	THER'S NAME FIRST DSeph	MIDDLE C.	Newman	1	15 MOTHER'S MAIDEN NA ROSE	ME MIDDI		Proctor	51
160 W	VAS DECEASED EVER IN U.S. A		166 SOCIAL SECUR	ITY NO.	17 INFORMANT	AC	DRESS		
{Y	(15 YES, G	IVE WAR OR DATES)	578-18-7	7897	Rose Ford-	Same as	# 13	above	
	18 CAUSE OF DEATH (Enter of	anly one couse per l	ine for (a) (b) and	ICHA M	1 - 4			APPROX	IMATE INTERVAL
	PART I. DEATH WAS CAUS	ATE CAUSE (0)	CAYU	3161	Munday >	AUEST			
CERTIFICATION	PART 2. OTHER SIGNIFICANT				NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF	GIVEN IN PART II  YES, WERE FINDII RTIFYING CAUSES YES	
CER	210. ACCIDENT WAS UNDERLYING		INJURY A. MONTH DAY	V YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM	18 PART ( OR PART 2)	
CAL	OR CONTRIBUTING CAUSE OF D	CAIN		19					
MEDICAL	21d. INJURY OCCURRED	21e PLACE C	F INJURY ET, FACTORY, OFFICE, FAI	PM FIC I	211. LOCATION	CITY	R TOWN	COUNTY	STATE
2	MHILE NOT WHILE AT WORK	TO TOME SIKE	CI, FACTORI, OFFICE, FAI	Anan	07 17-		. 72	0-	
-	220.1 certify that 🖛 (this has	pital) attended the	sed from	LASIE	- LL 19.00	, to	TUES	182	that (we) le
	sow the deceased alive a above, (1) (we) (1) I did n	nat) view the bady o	ofter death	, on	d that in 🚧 (aur) apinion	death accurred on th	e dote ond	hour and from the	causes stated
33	226 SIGNATURE			0	DEGREE		1239	22c. DATE	SIGNED
03	- thu	5)			ATTENDING PHYSICIAN I	MEDICAL PH	STAFF YSICIAN [	3/2	5/85
	214 PHYSICIAN'S NAME OVER	DKPRHITI	_	_	22e. ADDRESS		4		1
	Frank M.	Ryan MI	D		9401 Irona	Hegs HE	九丁	- wwh	Md 20
23a B	URIAU CREMATION, REMOVA	1 Tah DATE	123¢ N	AME OF CE	EMETERY OR CREMATORY	123d LOCATION			
	SPECIFY)	3/28/6		SURAC	_	CLINT		P. GOUNTY MY	STATE
24 FII	JNERAL DIRECTOR		710.			E REC'D. BY REGISTI		USTRAP'S SAMA	Budd.
	S. WASHINGTON -	11 2HO2	925 ADDRESS &	ough.	S AVE ALTON	0 0 400E4	Selient	avidous Por	forthern
17.		- 4		1	APR	() () () () ()	79		

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP.

retained by the hospital or attending physician.

TO HOSPITAL OR ATTEND

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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10/		OR .			DEPAR	ST.		MARYLA H ANDAV		HYGIENE	2 4	5 /	4			
70		ATE GISTRAR		A	MEDICAL	EXAMI	NER'S	CERTIFI	ICATE C	OF DEAT	TH	REG. NO.				
		ASED NAME	FIRST		WIDDLE			LAST		20	OF E	OWN X *	MONTH	DAY	YEAR	26 HOUR
2	(IIIEC	JK PKINT)	LEO					NOLA	N)		DEATH M	ATED	4	25 19	85	M
1	SEX	4. R.	ACE	5. DATE OF BIR	RTH PAY YEAR	6. AGE (IN		NDER 1 YR.			C DATE		HTMON	DAY	YEAR	2d HOUR
N SAS	ale	W	nite	9 1		0.4	YRS.	THS DAYS	HOURS	MIN.	DEAD	U	4	25 19	85	9:35p
WITH MAN OF THE PROPERTY OF TH		HPLACE (STATE O	OR	76. CITIZEN OF	WHAT COU	INTRY?	8. MARE	RIED X N	IEVER MARR	RIED 9	BALTIMOR	E CITY OR C	COUNTY	OF DE	ATH	
1/0		rgia		USA			WIDOV				Prince	e Geor	:ge			MD.
200		or town of t	DEATH	11. NAME OF 11. NA	HOSPITAL, N CHFACILITY, GIVE CYAN PO	URSING HOA STREET ADDRESS Dint RO	NE, OR OTH	HER INSTITU	UTION	FOR MC	AL OCCUPAT OST OF WORKING red -	G LIFE)		OR IN	IDUSTRY	INESS
4/10	STA	RESIDENCE (IF IN	NURSING HOME OUN Brow	OR OTHER INSTITUTIO	13c. CI1	CE BEFORE ADMIS		13d INSIDE	CITY LIMITS?	13e STREE	N.E.	23rd	3	3062	)	
1	-	HER'S NAME						15 MOTHER'S MAIDEN NAME								
A		Corban		MIDDLE	7	Volan			innie		MIDDE			Kend		k
16	o. WA	AS DECEASED EV	ER IN U.S. AR	RMED FORCES? 166. SOCIAL SECURITY N			ITY NO.						Kendrick SS			
1		NO, OR UNKNOWN)	Reti	red 1950	530	5-32-2	766	Marv	Balle	owe 1)	06 Bry	van Po	int	Rd.	ACC	oke <b>k</b> k
F	_			ly one couse per	1000		-	p least J	2002.24	JNO IL	,00 21,	10	222 0	APPRO	OXIMATE I	NTERVAL
		PART I DEATH	WAS CAUSE	DBY:		is Truy	DAZ	the						BETWEE	N ONSET	ND DEATH
AL, CREMATION, OR REMOVAL			IMMEDIA	TE CAUSE (o)	OR AS A CO		ØF.	1								
EWC			if ony, which			٧.										
5			to immediate		OR AS A CO	NSEQUENCI	OF		7							
	1	lying couse lo	ost.	(-)												
4	1	PART 2 OTHER SIGNIFI	CANT CONDITIONS	CONTRIBUTING TO O	EATH BUT NOT RE	LATEO TO THE TE	RMINAL OISEA	SE OR CONDITI	ION GIVEN IN PA	ART 1 igi						
		Kernal	inc	. I free	mu	ans	ten	0 1831	lens	118						
7	Ĕ	9a. DATE OF OPI	ERATION	19b. CO	NDITION FOI	R WHICH OP	RATION V	VAS PERFO	RMED?					20 AUT	OPSY?	
4	밀													YES		NO X
7	C 1 2	la. EXTERNAL C.	_		E OF INJURY			IOW INJUR	Y OCCURR	ED (ENTERNA	ATURE OF INJURY	IN ITEM 18 PART	T 1 OR PART			31
		UNDERLYING (	OR CAUSE OF		A.M. MONT P.M.	H DAY YE.	AR									
		1d. INJURY OCC	URRED	21e PLA	CE OF INJUR			CATION								
		WHILE NORK AT WORK	OT WHILE [	STREET	, FACTORY, FARM	, ETC.)	-	STREET			CITY OR TOWN		COUN	ATY.		STATE
	H	AT WORK A	I WORK									n		7		
		· ·		ge of the remoin:			Autor	7	Inspectio		Inquiry X		n my apın	non		
		death resulted for	rom: Natu	rol couses 🔼,	Acciden	٠ ــــا , :	Suicide L_	-	niclde	Undeter	rmined monni	er,				
1		ACTUAL /	There	MAV	XQ,	luc	/		(SPECIFY)				DATE SIGNED	1.126	/1005	
7		SIGNATURE L	ruge	1310	porce	710	<b>/</b>	M.D. <u>De</u> I	puty	MEDIC	CALEXAMINI	ER	SIGNED	4/20/	1300	
100	E	XAMINER'S NA	ME //	Augusto	P. Rodr	Sonez. N	LD.		5009 Ra	avburn	Ct., Ter	mole Hi	lls.	Md		
-		TYPE OR PRINT)	I DEMOVA!			NAME OF C		ADDRESS.				1	,			
123	(SPE	RIAL, CREMATION Burial		4/30/85		rlingto				23d. LOC CITY O		222	COUNTY	Υ	STA	
7		VERAL DIRECTOR		4/ 20/ 03	la.	TIME	NI INS	u. Cer			lingte	25b. REGISTE	RAR'S SIC	GNATUR	Va.	
- 11	1	P. Kalas		Over Hil	DRESS	Oven	1111	Ma	API			12. W			31162	
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ENDING PHYSICIAN: The fow

TO HOSPITAL

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FOR STATE REGISTRAR

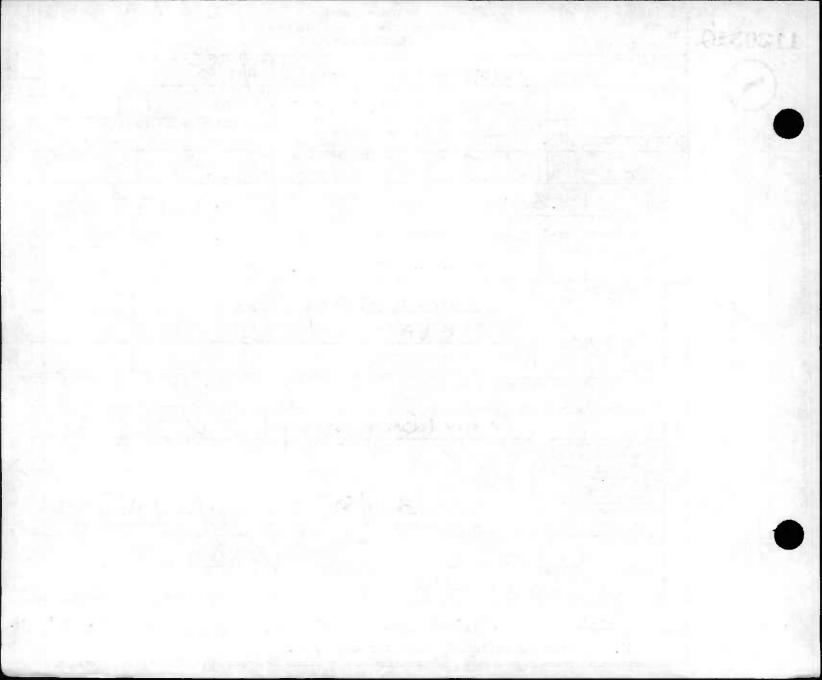
# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.		
	CEASED NAME	FIRST	M	IDDLE		AST	20 DATE OF DEATH		DAY YEAR	26 HOUR
(114	WC	OODRO	W XXX	X WILS	ON	NORRIS	4/13/8	•		9.34 am
3. SE		4	RACE		5. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	Male		Whi		TON	7. 14, 1916	68	YRS		
	IRTHPLACE (STATE OR FO			VHAT COUNTRY?	8 MARRIE	D KNEVER MARRIED	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
	conardtown		USA		WIDOWE		PRINCE			
	ITY OR TOWN OF DEA		(IF NOT IN SUCH	FACILITY, GIVE STREET A	DDRESS	OR OTHER INSTITUTION	(TYPE OF WORK FOR MO			F BUSINESS OR
-	LINTON AL RESIDENCE (IF NURSI			RN MARY		HOSPITAL	Farmir	1g	10	212 2 3
130	STATE STATE STATE	St.M	ary's	Clement		13d. INSIDE CITY LIMITS?	13e STREET ADDRES	S / ZIP COD Box	DE 107	1624
14. Fa	ATHER'S NAME	An H	DIE.	1AS†		15. MOTHER'S MAIDEN NA	AME MIDDLE		LAS	ī
	Jöseph	Wel	lingto			Lucy			nompson	<u> </u>
160	NO OR UNKNOWN)	(IF YES, GIVE V		230-10-		Agnes T.		DRESS Sar	me	
	18 CAUSE OF DEATH	Enter only	one cause per	ine far (a), (b), and	Lice		_		APPROXI BETWEEN C	MATE INTERVAL DISET AND DEATH
	PART I. DEATH WA	AS CAUSEÓ I IMMEDIATE	BY.	CARMO		MASORY	Pausne			
				AS A CONSEQUE	NGE OF					
	Conditions, if any,		(b)	CV	17					
	gave rise to imm cause (a), stating	g the	DUE TO, OR	AS A CONSEQUE	NCE OF					
	underlying cause	last	(c)							
z	PART 2 OTHER SIGN	IIFICANT CO	nditions <u>co</u>	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CO	ONDITION G	IVEN IN PART 10	1
CERTIFICATION	9s. DATE OF OPERAT	ION	19h CONDI	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20s AUTOPSY?	20b. IF Y	ES, WERE FINDIN	4GS USED
FIC			// .			TERESTORY	YES TO NOT		IFYING CAUSES	OF DEATH?
SER.	21a. ACCIDENT WAS UND	ERLYING	21b. TIME OF	INJURY		TIC HOW INJURY OCCUR				
	OR CONTRIBUTING C		HOUR A.A		Y YEAR	Total art				
MEDICAL	214 INJURY OCCURR		21st PLACE C	OF INJURY	TOWN TO STATE OF	ZII LOCATION	2010	rtown.	counts	state.
×	AT WORLAND AT WORL	12 🗇	141 MOME STRE	ET, FACTORY, OFFICE, N	and the s	10-		1	0	
	72s I certify that (I)	this hospital	offended the	deceased from	3/2	1 50 10	_ to_ 4	13	27	that (It (wn) fast
	sow the decease above, (I) (we) (di	d olive by	the body o	ofter depth 10	. 01	nd that in (my) (our) opinion	death occurred on the	date and ha	our and from the	couses stoted
	27h SIGNATURE	LM				DEGREE	1		77c DATE	SIGNED
		46				ATTENDING PHYSICIAN	DIRECTOR PHY	SICIAN [		
	THE PHYSICIAN'S NA	31 2		40		77e ADDRESS				
	(6)	5 (0)	WINE	70		7501 SURR	ATTS RD.	CLINT	CON MD	20735
	BURIAL, CREMATION, S	REMOVAL	236 DATE			EMETERY OR CREMATORY	234 LOCATION CITY OF TOWN		COUNTY	SEADS
_	Buria	1	Apr.1	6,19850	harle	s Memorial G	antens Lec	nard	St.	Mary's Mo
24. F	UNERAL DIRECTOR	arko		nal areas T.		33e. DA	TE REC D. BY REGISTR	ARIZSK REGIS	STRAR'S SIGNAT	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

to FUNERAL DIRECTOR. A should be detached for use with the State Dept. of Heal

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97 F. T. T. S. C. Land B. S. S. S.

Transport Marchael Control of THE RESERVE OF THE PROPERTY OF

# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Released Notified Medical Examiner

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed retained by the hospital ar attending physician.

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT: If Item 21 is marked ar Item 18 shows any injury, or ather traumatic event, the medical

130006 TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cashauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages with the State Dept. of Health and Mental Hygiene priar ta burial, crematian, ar remaval.

FOR STATE REGISTRAR

### STATE OF MARYLAND S DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR							REG. NO.			
DECEASED NAME	FIRST		MIDDLE		AST	20 DATE OF DE			AY YEAR	2b HOUR
	Robert	,	W.	0.	Connor	April 2	0, 19	85		7:48A
SEX		I. RACE		5. DATE C		6 AGE (IN YEAR	LAST BIRTHDA		FUNDER I YEAR	HOURS MIN
Male		White	e		e 1, 1921	63		YRS.	J. C.	THOUSE INTE
BIRTHPLACE (STATE (	OR FOREIGN	CITIZEN OF	WHAT COU	VIRY? 8	NEVER MARRIED	9 BALTIMORE	CITY OR CO	YTAUC	OF DEATH	
California		U.S.	A .	WIDOWE	_	Prince	Geor	ge's	Count	<b>y</b> ~
CITY OR TOWN OF D	DEATH			URSING HOME C	OR OTHER INSTITUTION	12a USUAL OC		RKING LIFE		OF BUSINESS O
Cheverly					ral Hospital	, , , , , , , , , , , , , , , , , , , ,				Gov!
JSUAL RESIDENCE (IF NI	URSING HOME OF C		GIVE RESIDENCE		13d INSIDE CITY LIMITS?	13e STREET ADI	DRESS / 715	CODE		
Maryland	P.G.		Chev		YES NO	2220 C			ve. 20	785
4. FATHER'S NAME		IDDLE	LA:	. T	15 MOTHER'S MAIDEN NA		NIDDLE		LA	
William	Henr		O' Con		Helen		libble		Hene	fy
60 WAS DECEASED EV			16b SOCIAL	SECURITY NO.	17 INFORMANT		ADDRESS	Addr	ess Sa	
(YES, NO OR UNKNOWN) Yes-Marines		WAR OR DATES)	089-1	6-8175	Mrs. Helen W	. O'Conn	or	No#	13e.	
18. CAUSE OF DE	ATH (Enter only	ane cause per	fire far to	by and ici.	· ·	2	10	1	BETWEEN	ONSET AND DEATH
PART I. DEATH	I WAS CAUSED	BY: CAUSE (a)	Luda	don (	"as \$10e	20	x 14		-	-
	MANUEDIAI					4	-			
Conditions, if a	nv. which	DUE TO, O	A ASTAY CON	SEQUENCE OF L	1 Arteu	7 1	sea.	20	y	eary
gave rise ta i	immediate	)	0.46	CE CHENICE OF	( )	00			,0	
underlying car		DUE TO, O	RAS ACON	SEQUENCE OF	ne VIN	ullo	-		ye	un
PART 2 OTHER SI	GNIFICANT	ONDITIONS 60	ONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	Alh AL DISEASE O	R CONDITION	ON GIVE	N IN PART 1	a
N N		1/2	Q.	C 100	nester-	-1				
190 DATE OF OPEN	RATION	196 COND	TION FOR V	HICH OPERATIO	N WAS PERFORMED	20a AUTOPS			WERE FIND	
Ĕ						YES T N	OTT IN	CERTIFY		OF DEATH?
210 ACCIDENT WAS	UNDERLYING	21b. TIME O			21c HOW INJURY OCCUR			ITEM 18 PA	RT I OR PART 2)	
	_	HOUR A.		H DAY YEAR						
OR CONTRIBUTING L		21e. PLACE		17	21f LOCATION					
AMMILE NO	WHILE	(AT HOME STE	REET, FACTORY	OFFICE FARM ETC )	STREET	C	ITY OR TOWN		COUNTY	STATE
220.1 certify that	(I) (this basnit	al) attended th	e deceased	from 💍	0 1027	10 1	90	1	. 00	that (I) (we) la
	ased alive on_	allelided in	10	The state of the s	d that in (my) (our) opinian	death occurred o	n the date a	nd haur	and from the	
	) (did) (did nat	view he body	ofter death.	93	DEGREE				22c DATE	
			w	)	ATTENDING	_ MEDICAL	STAFF			
22b. SIGNATURE	7	0 / (1 V			PHYSICIAN 1	DIRECTOR	PHYSICIAN		A mrs	20 1025
	NAME VI O	FUX		-		DIRECTOR			LADI	20,1985
22d. PHYSICIAN 6	XX	Plan		1	22e ADDRESS				-	
22d. PHYSICIANS Ohannes	Sahaki	an, M.I			22e ADDRESS 5632 Annapo	lis Road	- Bla		-	
22d. PHYSICIAN 6	Sahaki	an, M.I	).	1	22e ADDRESS 5632 Annapo EMETERY OR CREMATORY	lis Road	- Bl	aden	sburg,	Maryla
22d. PHYSICIANS Ohannes  Bo. BURIAL, CREMATIO	Sahaki N, REMOVAL	an, M.I	).	1	5632 Annapo EMETERY OR CREMATORY Errans Cemeter	lis Road	- Bla	aden I	sburg,	Maryla Marylan

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Charmen Canalisan, R.D.

)6B

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND M CERTIFICATE OF DE		REG. N	0.		
DECEASED NAME FIRST	WIDDLE	LAST	20	DATE OF DEATH		YEAR	2b. HOUR
(TYPE OR PRINT) MART	THA IOLA	O'KEEF	FE	APRIL 25	, 1985	5	2:30Am
3. SEX	4. RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST BIR	THDAY) IF U	INDER I YEAR	IF UNDER 24 HRS HOURS MIN.
Female	Caucasian	משמ מיים	1891	93	YRS	DATS	MIN.
BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Marvland	76. CITIZEN OF WHAT COUNTRY	MARRIED WEVER M.	ARRIED 9	BALTIMORE CITY O	RCOUNTY OF		MD.
Clinton	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE So. Marvlar		(1	USUAL OCCUPATION OF COMMON TO THE OF WORK FOR MOST COMMON TO THE COMMON	OF WORKING LIFE)	INDUSTRY	BUSINESS OR EWife
	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)  NO 13d INSIDE CIT  YES	Y LIMITS? 13	eSTREET ADDRESS A	ZIP CODE	Road	608
FATHER'S NAME FIRST  John A. Ta	MIDDLE LAST		MAIDEN NAME	tha K. G	rimes	LAST	
WAS DECEASED EVER IN U.S. A			11	ADDRI	19906	o, Md	.20608
	only one couse per line for (a), (b), a ED BY: ATE CAUSE (b)	vatory Ar	rest			APPROXIA BETWEEN O	MATE INTERVAL INSET AND DEATH
	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO	Tostare	TO THE TERMINA	al disease or con	DITION GIVEN	N PART No	
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	H OPERATION WAS PERFOR	MED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	
OR COLUMNICATION TO CHILLE OF C	HOUR A.M. MONTH	DAY YEAR	URY OCCURRED	ENTER NATURE OF INJU	RY IN ITEM 18 PART	ORPART 2)	
OR CONTRIBUTING CAUSE OF DILIFETHER, NOTIFY MEDICAL EXAMIN  21d, IN JURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC.) 21f LOCATION STREET	N AS	CITY OR TO	)WN	COUNTY	STATE
22a I certify that (I) (this has	pital) attended the deceased from n APRIL 25 19 nat) view the bady after death.	Ch. in	aur) opinion dec	oth occurred on the d	ote and hour on	0	that (I) (we) lost causes stated
226. SIGNATUMELO	in Fine	PI	hysician 🔀 [	MEDICAL STA		APRI	L 25, 193
Michael L	evine, M.D.	22e ADDRESS 7801		anch Ave	., Cli	nton,	Md.2073
Burial, CREMATION, REMOVA (SPECIFY)  Burial		t. Paul's		23d. LOCATION CITY OR TOWN Baden	Pr. G	QUNITY CO.	Maryla
FUNERAL DIRECTOR  NAME  Huntt Funeral	Home Wal	O. Box 156	APR 26	EC'D. BY REGISTRAR	256. REGISTRAF	-Randa	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

The state of the s The state of the s the retail . At retail. BOOK - on a recommend to the few of the few testing and President formation of the first of the formation of the first of the Manufactor in the control of the con AND THE RESERVE OF THE PARTY OF

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be first with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal.

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

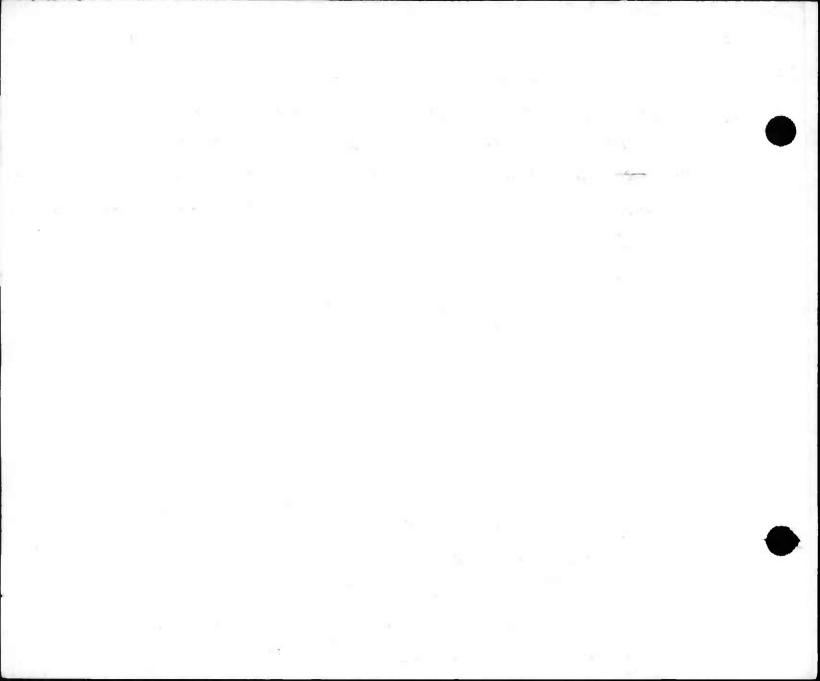
IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical examples of the state o

126060

	FOR
-	STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ı	REGISTRAR				CERTIFI	CATE OF DEATH		REG. NO				
1	1. DECEASED NAME	FIRST	MIDD	I E	LA	ST	2a. DATE O	FDEATH MC	NTH DAY	YEAR	2b HOUR	₹
	(TYPE OR PRINT)	ŁW.	11iam	T.	0	lles	April	25,198	5		10:5	5 <b>A</b> M
	3. SEX		4 RACE		5 DATE OF	BIRTH YEAR	6 AGE IN	YEARS LAST BIRTHD	AY) IF U	NDER I YEAR	IF UNDER 2	24 HRS MIN.
	MACE		CAUCAS	IAN	3	4 1909		76	YRS		MOOKS	m IN.
A	70. BIRTHPLACE (STAT	E OR FOREIGN	76. CITIZEN OF WH.		8 MARRIED	☐ NEVER MARRIED ☐		ORE CITY OR				
	ILC	-	us		WIDOWED	DIVORCED [		ce Geor				MD.
A	10 CITY OR TOWN OF		(IF NOT IN SUCH FA	CILITY, GIVE STREET	ADDRESS)	OTHER INSTITUTION	(TYPE OF WO	OCCUPATION		126 KIND O INDUSTRY	F BUSINES	SSOR
	USUAL RESIDENCE (#					ille Hospita	1 DRAI	FTSMA.	N	SAME	AS.	124
1	13a. STATE	13F CON		CITY OR TOW	N 1	134 INSIDE CITY LIMITS2		ADDRESS / Z				1
4	MA	P.	G.	LAURE		YES NO MO	8518	BALI	ARCRO	FT	LN.	20708
1	14 FATHER'S NAME		MIDDLE	LAST		FIRST	AME	MIDDLE	×	IAS	1-15	~ ?
4	160 WAS DECEASED E	PH	MED EODCESS 144	SOCIAL SECU	S DITY NO	LOUISE.		ADDRESS	DE	- ///	EYE	<u> </u>
ı	LYES, NO OR UNKNOWN		E WAR OR DATES)			/	2-2-11	70011233		SAME	A5	
ı	No		3	34-01-2	_	WANDA T G	ERSHO	MI/2		/JE	MATÉ INTERV	/A1
1	18 CAUSE OF D PART I. DEAT	EATH (Enter on H WAS CAUSE	ly one couse per lin DBY:	~/-	licu.	Porhiers.	tun 1	Linen	,_ ,	BETWEEN	ONSET AND D	EATH
١		IMMEDIAT	E CAUSE (o)	Caran	all.	Contanta	, - 0 , ,,,		-Le			
1		4	DUE TO, OR AS	S A CONSEOUE	NCE OF							
1	Canditions, if gove rise to	immediate	(b)									
1	couse (o), s underlying co		DUE TO, OR AS	A CONSEQUE	NCE OF							
ı	PART 2 OTHER	SIGNIEIC ANT (	ONDITIONS CONT	PIRLITING TO D	EATH BUT N	OT RELATED TO THE TERM	AIN AL DISEAS	SE OR CONDIT	ION GIVEN	IN PART I		
ı		SIOTH ICATT	.onomons <u>com</u>	KIDOTI VO TO D	EATH DOT!	TO THE TEN	THE DISCA	3E ON CONDI	1011 011 111	14 1 4 1 1 1 1		
	190 DATE OF OP	ERATION	196_CONDITIO	N FOR WHICH	OPERATION	I WAS PERFORMED	20a AUT		Ob. IF YES, W			
	190 DATE OF OP						YES 🗌	NO	N CERTIFYIN YES		NO [	
5	21a ACCIDENT WA			IJURY MONTH DA	V VEAP	21¢ HOW INJURY OCCUR	RED (ENTERN	ATURE OF INJURY II	HITEM IB PART I	OR PART 2)		
	OR CONTRIBUTING	MEDICAL EXAMINER	1171	MONTH DA	19							
	OR CONTRIBUTING  (IF EITHER NOTIFY  21d INJURY OCC		21e PLACE OF I	INJURY FACTORY, OFFICE, FA	Day EVC )	211. LOCATION		CITY OR TOWN		COUNTY	ST	ATE
	- 14/	T WORK	TAT HOME STREET.	PACIONY, OFFICE, FA	akm cic.)	1-0-0-		/_	_			
	,		tal) ottended he de	2	25 /5	3/20 185	to	4/2.	199	73	that (1) (w	re) lost
	sow the decobove, (1) (	eased alive on	1) view the body ofte	19_ea	, one	that in (my) (our) opinion	death occurr	ed on the dote	ond hour an	d from the	causes stat	ted
1	22b. SIGNATURE		171	/	D	EGREE				22c DATE	SIGNED	1
		ere_	1 to 11	2-	710	ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIA	N	4/-	25/	85
	224 PHYSICIAN	S NAME (TYPE O	1111 V		20.0	22e ADDRESS		Δ	1		la 1	1
	6411-	5 04.	ITEFF	525		9811 PIAC	CARD	IIR.	LAUR	?5-6	PIL	
	23a. BURIAL, CREMATI	ON, REMOVAL	23b. DATE			METERY OR CREMATORY		ATION Y OR TOWN	cc	DUNTY	51	ATE
	CREMAT	ION	4/26/0	FS BAC	To. Wi			AUREL	- 1	00	n	70.
	24. FUNERAL DIRECTO	R		ADORESS	7601.	Saudy Sae 230A	TÉ REC'D. BY	REGISTRAR 25	REGISTRAR	SSIGNAT	Bridam	
-	FLECK FU	UERAL H	one INC	c. /	AURE	C, MD. 2070	41 4	MCOS!	A COLUMN TO THE T	A. 100 P.		



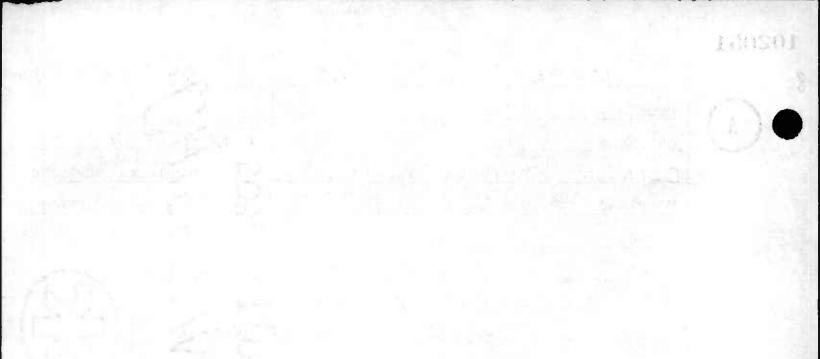
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

### FOR STATE REGISTRAR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CFRTIFICATE OF DEATH

1		REGISTRAR			CEKITE	ICATE OF DEATH	REG. NO.			
1		CEASED NAME F	IRST	MIDDLE	N 8	AST	20. DATE OF DEATH	NONTH DAY	YEAR	2b. HOUR
1	(IIIE	FLOR	RENCE	S.	Oli	ENS	0	4 03	83	19:50 Rm
1	3. SEX	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTH	IDAY) IF UND	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
	F	emale	White	e		ch 19 1898	87	YRS	DATS	MIN.
1	7a. BII	RTHPLACE (STATE OR FORE	IGN 76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF D	EATH	1
7	0	klahoma	US	A	WIDOWE		PRINCE	GEI	PEG	ES MD.
1		TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATIO			F BUSINESS OR
S	C	LINTON	Sout	GERN !	md	HOSPITAL	Dept Agric	culture	≥ U	SGov"t
-		AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		134. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE		
7	M	aryland	Pr Geo		orino	1150 ET 110 ET		ce Driv	<i>v</i> e	20748
1	14 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE		LAS	ī
1		Hugh		Simpson		Alta		Car	npbe	11
	16a W	VAS DECEASED EVER IN	U.S. ARMED FORCES?	16b. SOCIAL SECU		17. INFORMANT	ADDRES	S	- 10	-
		YES, NO OR UNKNOWN) (1	TES, OTTE WAR ON DATES	458 15	9799	Patricia S	S. Schaar	Same	as	#13
1		18 CAUSE OF DEATH	Enter only one cause per						APPROXI	MATE INTERVAL DNSET AND DEATH
H		PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE (a)	CARDIO	RES	PIRATORY A	RREST	-3		
П			DUE TO O	R AS A CONSEOU	NCE OF				10	
1		Conditions, if any, w	hich ( (b) 1			ROTIC HEARI	DISEASE	5		
١		gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF								
ı		underlying cause	last.	CERER	3ROV.	ASCULAR D	BEASE			3 74
1		PART 2 OTHER SIGNIFI	CANT CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM				
	CERTIFICATION		ENSIBY	- AC	UTE	PANCREATIN				INFECTIO
7	CAI	190. DATE OF OPERATIO	N 196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER		
	RTIF						YES NO	YES 🗌		NO 🗌
7		21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	110110 4	OF INJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I O	R PART 2)	
7	CAL	(IF EITHER NOTIFY MEDICAL	EXAMINER) P.	M.	19					
	MEDICAL	21d. INJURY OCCURRED	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC )	211 LOCATION STREET	CITY OR TOW	N CI	OUNTY	STATE
	2	AT WORK NOT WHILE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100		4		
П		22a.1 certify that (1) (th	is haspital) attended th		Cir	3-1- 19 85		3 19_		that (I) (we) last
d		saw the deceased of abave, (!) (we) (did)	alive an (did-not) view the bady	4-3 19 after death.	85, ai	nd that in (my) (aur) opinian o	death accurred on the date	e and hour and	fram the	couses stated
		22b. SIGNATURE	1/13 0-	Mach		DEGREE			2c. DATE	SIGNED
			100370	var Aga &		ATTENDING PHYSICIAN	MEDICAL STAFF	AN 🗌	4,1	1.85
П	100	22d. PHYSICIAN'S NAME	(TYPE OR PRINT)		/3	22e. ADDRESS	0.0	0.1	5	. 0
		DRKAJ	SAMIAN	11	MD	8926 WOO	DYARD RD	((1)	NIO	NIV
		BURIAL, CREMATION, REA	MOVAL 23b DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	con	AITV	STATE
		remation	5Apr	1985 Ce	edar	Hill Cremat	CITI OKTOTA			• Md
		UNERAL DIRECTOR				and, Ma	BECOME DEGISTERS	SU RECLISION S		ÜRE
	Rol	bert E Wil	helm Fune				7000	A residence residence in		

DHOSPITAL OR ATTENDED TO HOSPITAL OR ATTENDED TO FUNEEAL DIRECTOR: 4 with the Stone Dept of Head (ALV 12' 4) and 12' 4) a



07/84 25M

**DHMH - 17** 

24 FUNERAL DIRECTOR Lee Funeral Home, Inc. (VR A15 ME (5)) 6633 Old Alexander Ferry Road, Clinton, Maryland



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR.

DHMH - 16 50M 4/83

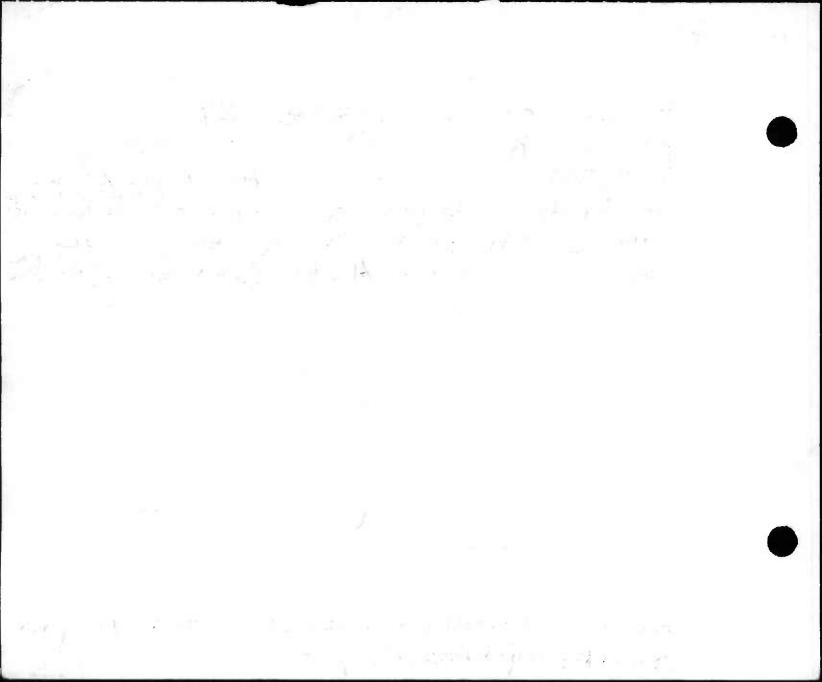
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### FOR - STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

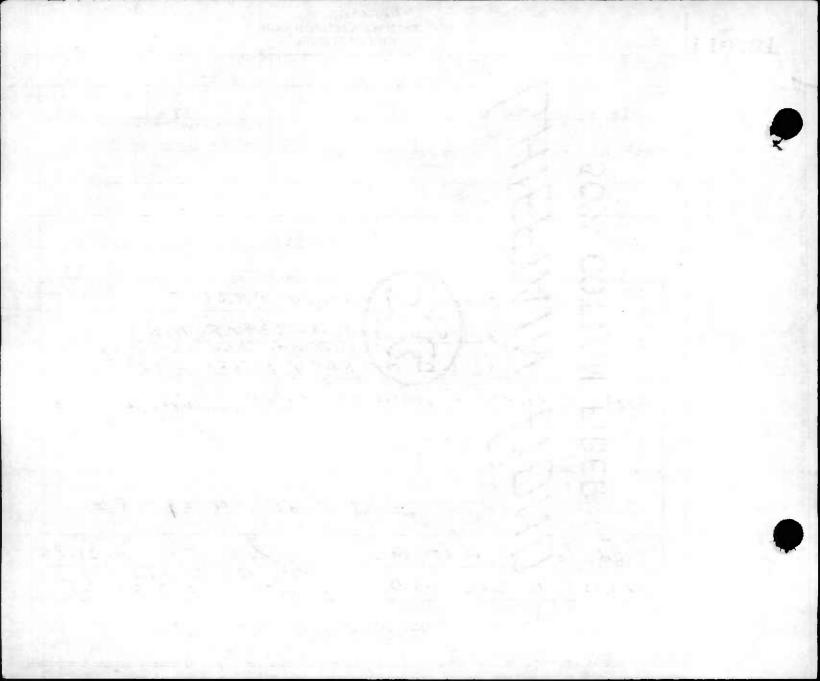
	REGISTRAR			CERTIFICA		REG. NO.		
	CEASED NAME	Gill	MIDDLE S.	Park			DNIH DAY YEAR	2b HOUR
			٥.				ril 30,198	1
P	0-	4. RACE	10	5. DATE OF B	IRTH	6. AGE (IN YEARS LAST BIRTHD	MONTHS DAYS	HOURS .
17	2male	no	wan	9-	21-45	37	YRS.	
M. BI	RTHPLACE (STATE OR DUNGTER)	PIGHLIGH 76 CITIZE	EN OF WHAT COUNT	MARRIED L	NEVER MARRIED	9. BALTIMORE CITY OR		
1	orea		0120	WIDOWED	] DIVORCED [	Prince G		DE BUIEN IES
P	unce	DAMA SENC	AE OF HOSPITAL, NUI OT IN SUCH FACILITY, GIVE ST	REET ADDRESS)		(TYPE OF WORK FOR MOST OF W		OF BUSINESS
0	centry M		TET Laurel		le Hospital	Nousa Re	ever Me	115
71	STATE A	136 CONNTY O	13c CTSY OR T		I INSIDE CITY LIMITS?	13e STREET ADDRESS / Z	Rocky Print	iesco
M	anylan	Kanke	un dan	nam	MOTHER'S MAIDEN NA	5620-	Tres tres	ram
13	100	WIDDLE	7. VI	100	FRS1	OMIDDLE	000	0/0
The M	VAS DECEASED EVER	THE ABUED FOR	CES? THE SOCIALS	ECURITY NO. 11	recina	ADDRESS	- CN	·
	ARP NO OF MUKNOMU)	LIF ES, GIVE WAR OR D	ATES)	and and	1V- <	JOK .	5405 U.	Devo
	100		uni	mourp	ns jour	JUHAN I	some,	Harry
	18 CAUSE OF DEAT PART I. DEATH V	TH (Enter only one co VAS CAUSED BY:	use per line for (a), (b)	ond IFC	5 A	1500	METWEEN	CHOSET AND DE
		IMMEDIATE CAUSE	(o) leads	o rego	nackny	raca	Ne 6	mon
		DUE	TO, OR AS A CONSE	OUENCE OF	1 0.10		DO 1	
	Conditions, if any gave rise to im		(b)	ncer of	( 000	Les CUV	Ch.	
	cause (a), stati underlying coun	DOL	TO, OR AS A CONSE	OUENCE OF	100 -			
			(c)	var as	vares			
Z	PART 2 OTHER SIG	NIFICANI CONDUIC		TO DEATH BUT NO	11	anal disease or condi	TON GIVEN IN PART T	10
CERTIFICATION	THE DATE OF OPERA		CONDITION FOR WH	ICH OPERATION V	-	200 AUTOPSY?	06 IF YES, WERE FIND	
IFIC		9,000				YES TO NOT	N CERTIFYING CAUSE YES 🗍	S OF DEATH
CER	71e. ACCIDENT WAS UN		TIME OF INJURY		L HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY		
	OF CONTRIBUTING []	S. Andrews Co., Side Married	P.M. MONTH	DAY YEAR				
MEDICAL	71d INJURY OCCUR	RED 21e 0	PLACE OF INJURY	21	LOCATION	( ITY OR TOWN	COUNTY	STA
ž	ALMED ALME	HIA []	OME STREET, FACTORY OFF	FICE, FARM ETC )	STREET	( IIY OR TOWN	COUNTY	SIA
		and the same of th			0/10-			
	22a.1 certify that (1	(this hospital) atten	ided the degeosed fro	om 4/2	119	to	-21985	that (I) (we
	saw the decear	) (this hospital) atten	4/14			death occurred on the date		
	saw the decear			9 85 - ond t		death occurred on the date	and have and from the	
	saw the decear above (II (we))	ed alive on	4/14	9 85 - ond t	hat in (my) (our) opinian		and have and from the	couses state
	saw the decear above (II (we))	ed place on slid) (did not) wew.	4/14	985 ond the	hat in (my) (our) opinian		and have and from the	couses state
	saw the decea above, (II (we)) 77k SIGNATURE	ed place on slid) (did not) wew.	4/14	985 ond the	hat in (my) (our) opinion  GREE  ATTENDING PHYSICIAN [		and have and from the	couses state
7in 5	sow the deserrabove, (II (we);  776 SIGNATURE  234 PHYSICIAN'S N	AME [178] CR PENT]	Cody after death.	DEC	hot in (my) (our) opinion  SREE ATTENDING PHYSICIAN (	MEDICAL STAFF DIRECTOR   PHYSICIA	and have and from the	couses state
73n 8	saw the decea above, (II (we)) 77k SIGNATURE	AME THE DESCRIPTION OF THE PROPERTY OF THE PRO	ATE	DEC	hat in (my) (aur) opinion  GREE  ATTENDING PHYSICIAN (  ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA  23d LOCATION City of 10 (25)	and have and from the	couses state
73n 8	sow the deserrabove, (II (we);  776 SIGNATURE  234 PHYSICIAN'S N	AME THE DESCRIPTION OF THE PROPERTY OF THE PRO	Cody after death.	DEC	hot in (my) (our) opinion  SREE ATTENDING PHYSICIAN (	MEDICAL STAFF DIRECTOR DHYSICIA  23d LOCATION CITY OF TOWN  1 CRE D. BY REGISTRAR 13	ond hous and from the	couses state



		FOR
1	-	STATE
		PEGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4 1	- STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	REG. NO.	William
1. D	ECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(1)	PE OR PRINT) Edward	E. PERRIE		4-21-85	9.50
3. 5		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR   IF UNDER 24 HRS
- 1	Male	White	MONTH DAY YEAR	5.7 YRS	MONTHS DAYS HOURS MIN
7 70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	06/24/27	9 BALTIMORE CITY OR COUN	
16	COUNTRY	USA	MARRIED NEVER MARRIED		
	aryland CITY OR TOWN OF DEATH		WIDOWED DIVORCED DIVORCED DIVORCED	Prince Georg	126. KIND OF BUSINESS O
0		(IF NOT IN SUCH FACILITY, GIVE STREET		TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY
475	UAL RESIDENCE (IF NURSING HOME	Southern Mary	land Hospital	Center	Hospital -
130	STATE 13b. COL				
1	Pr	ince Gebraes, U	pper Marilbon	13201 Brook	ce Lane
101	FIRST	MIDDLE LAST	FIRST	WIDDIE	LAST
24	Elmer	Perrie	Georgi		Windsor
1 160	(YES NO OR UNKNOWN)   (IF YES C	ARMED FORCES? 166 SOCIAL SECT GIVE WAR OR DATES)		ADDRESS	
	No	<del></del> 577-34	-8938 Meriam B.	Perrie Sa	ame as #13
	18 CAUSE OF DEATH (Enter	only one cause per line for (o), (b), or SED BY:	od (c	122557	BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUS	ATE CAUSE (a) CAROLO R	ESPIRATORY	ARREST	
NO NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	ENCE OF ERICATERIA ENCE OF BUT NOT RELATED TO THE TEL  ASCULATE PIS	RMINAL DISEASE OR CONDITION C	GIVEN IN PART TO SIND
CERTIFICATION	19a DATE OF OPERATION	19B CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF Y	TES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
		21b. TIME OF INJURY HOUR A.M. MONTH D		JRRED (ENTER NATURE OF INJURY IN ITEM )	8 PART I OR PART 2)
7 MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M. 21e PLACE OF INJURY	211 LOCATION		
X N	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY OFFICE.		CITY OR TOWN	COUNTY STATE
		pital) ottended the deceosed from_	4-18 10 A	5 10 4-21	, 19 6 5, that (1) (we) la
	sow the deceased alive of	on 4-21 19F	, and that in (my) (our) opinio	on death occurred on the date and h	
	obove, (I) (we) (did) (did i	not) view the body ofter death.	DEGREE		22c. DATE SIGNED
	Ald Be	V. Lee	M.D ATTENDING	MEDICAL STAFF	4-21-85
1	224 PHYSICIAN'S NAME (TYPE	ORPRINT	22e ADDRESS 770	DIRECTOR PHYSICIAN	
	DANILO		1-D CLIA	1 1	20735
230	BURIAL, CREMATION, REMOVA	AL 236 DATE 23c	NAME OF CEMETERY OR CREMATORY		
	Burial	24Apr85 Fo	rt Lincoln Cem	etery Brentwo	county State
	FUNERAL DIRECTOR		Suitland, Md. 250. D	ATE REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
84	obert E Wilh	elm Funeral Ho	IA DI	R 3 0 1985 Julia	havidson-hangapas
F.	ONCI C E MITII	CIM FUNCTOR INC	1110		



### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERT

IFICATE O	)F	DEATH	050	6.1

1. DECEASED NA	ME FIRST	WIDDIE	LAST		28. DATE OF DEATH MON	NTH DAY YEAR	2b. HOUR
TITPE OR PRINT)	Hazel	В.	Piers		April 1	8, 1985	2:01p M
3. SEX	1 - 1 - 1 - 1 - 1	4. RACE	5. DATE OF BI		6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	IF UNDER 24 HRS
Fema.	Lė	White	Octobe	r 12,1895	89	YRS	HOURS MIN.
70. BIRTHPLACE	( STATE OR FOREIGN	76 CITIZEN OF WHAT	OUNTRY? 8.	NEVER MARRIED	9. BALTIMORE CITY OR C	OUNTY OF DEATH	
Chicago	,Illinois	United Sta	tes WIDOWED		Prince Geor	ge's	MD
Riverda	le	Leland M	emorial Hosp		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Retired-Mus	ORKING LIFE) INDUSTRY	OF BUSINESS OR
USUAL RESIDEN 130. STATE	CE (IF NURSING HOME O		TY OR TOWN 13d	INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZH 233-Massachu		, NE 200
14 FATHER'S NA		MIDDLE	LAST 15	MOTHER'S MAIDEN NA	ME	LAS	T
	ert	B.	Brown	<b>I</b> da	MIDDLE		ley
	SED EVER IN U.S. A	RMED FORCES? 16b SC	OCIAL SECURITY NO. 17	INFORMANT233-N	lass.Ave. ADNESW	lashington.	DC 20002
NO OR UNI	(IF TES, G	578			rick(Personal		
		nly one couse per line for	10), (b), ond (c).)			APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
PART I.	DEATH WAS CAUS	ED BY:	nemonar	Ly EMB	ous m	an	Day
gove rise	s, if any, which e to immediate b), stating the g cause last.	(b) <b>P</b>	CONSEQUENCE OF CONSEQUENCE OF TREPTO TO		E PITICEMI	P	1
	THER SIGNIFICANT				AIN AL DISEASE OR CONDIT	ON GIVEN IN PART 1	0
NO 190. DATE O		ATOLAL	F1B21	LLATIC	1~		
	OF OPERATION	IAN CONDITIONS	OR WHICH OPERATION W		20a AUTOPSY? 20	b. IF YES, WERE FINDI	NOS HISED

DAY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

Te. PLACE OF INJURY

YEAR

211 LOCATION STREET

CITY OR TOWN

STATE

COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22b. SIGNATURE

220 1 certify that (I) (this hospital) attended the deceased for

22e. ADDRESS

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

221 DATE SIGNED 4-18-85

22d PHYSICIAN'S NAME (TYPE OF PRINT K. Joseph Mathew, M.D.

NOT WHILE

sow the deceased alive on above, (I) (we) (did) (did not) vie

6510 Kenilworth Avenue, Riverdale, Md.20737

23e. BURIAL, CREMATION, REMOVAL Cremation

24 FUNERAL DIRECTOR

April 19, '85

Lee's Crematory

Washington, D.C.

DHMH - 16 50M 4/83

J.Wm.Lee's Sons Co.300-4th St., NE, Wash., DC20002

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

(VRA 15, 4)

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of a cold from Co.Six-the St., the cold of the cold of the cold of

requires that the death certificate be executed within 24 hours after

ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the haspitol or attending physician

1 - ST RE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

12385

	1 -	STATE REGISTRAR			VEI ARTIN	CERTIF	ICATE OF DEATH	TENE	REG. NO.	12	20	)
П			IRST	N	NIDDLE	L	AST	20 DATE OF	DEATH MON	TH DAY	YEAR	26 HOUR
	(TANE	OR PRINT) MATT		CHES	STER		LZYS	April	15, 198			2:38a.M
	3. SEX		4. RAC	Œ		S. DATE C	DAY VEAR	6. AGE (INY	EARS LAST BIRTHDAY			HOURS AIN.
	I	Male	Ca	ucas	ian	Jan	. 15,1924	61		YRS		
6	7a. BIF	RTHPLACE (STATE OR FORE	IGN 7b. CIT	IZEN OF	WHAT COUNTRY?	8.	D MEVER MARRIED	9 BALTIMO	RE CITY OR CO	OYTHUG	FDEATH	
1		PA		US	A	WIDOWE	-	Prince	e George	216		MD.
	10 CI	TY OR TOWN OF DEATH			OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL	OCCUPATION K FOR MOST OF WOR	RKING LIFE)	INDUSTRY	BUSINESS OR
		ham	Do	ctors	' Hospita	al of	Pr. Geo. Co.	Civil	Servi	ce	EPA	
2	13a S	TATE MD	Charl		GIVE RESIDENCE BEFORE  134 CITY OR TOWN  Waldorf		13d INSIDE CITY EIMITS? YES NO 🛣	13e STREET /	ADDRESS / ZIP Northg	code	Place	2060]
2	14 FA	THER'S NAME			4		15 MOTHER'S MAIDEN NA	ME				
1	7	Frank	MIDDLE		Pilzy	c	Mary		WIDDLE		Tomez	***]c
-	160 V	VAS DECEASED EVER IN I	U.S. ARMED F	ORCES?	16b SOCIAL SECU		17 INFORMANT Wif		ADDRESS	2020		
1	1 0	Yes, NO OR UNKNOWN)	WWII	R DATES)	100 16	2774			D7			hgate
					190-16-		Helen G. P	ilzys	Place	We	APPROXIM	IATE INTERVAL NSET AND DEATH
		18. CAUSE OF DEATH 18 PART I. DEATH WAS		cause per		livel	C				hou	
		IM	MEDIATE CAL	ISE (a)	aprice -	moci				_	1000	VIL.
	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (16) Segmental Small intest							faction	1		1-20	lays
		gove rise to immed couse (o), stating underlying cause		UE TO, OF	AS A CONSEQUE	A /	vancles of sup. 1	neventes	uchrtes	y	1-20	lays
		PART 2. OTHER SIGNIFI	CANT CONDI	TIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	NINAL DISEAS	e or condition	ON GIVEN	IN PART Ita	
	o N	Micro	nodula	v a	irrhoses	•						
1	CERTIFICATION	190 DATE OF OPERATION	N 11	L CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO			WERE FINDING	
	IF	4/11/85	-	Porta	( Hyperten	From E	curilibries with Deckli	WE YES	NO	YES		NO 🗌
?	E G	210. ACCIDENT WAS UNDERL		b. TIME O	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NA	TURE OF INJURY IN I	TEM 18 PART	T I OR PART 2)	
	AL	OR CONTRIBUTING CAUS	SE OF DEATH	P./		19						
	MEDICAL	21d. INJURY OCCURRED	21	e. PLACE	OF INJURY		21f LOCATION		CITY OR TOWN			STATE
	Z	WHILE NOT WHILE		AT HOME, STR	EET, FACTORY, OFFICE, FA	ARM, EIC )	SINCE					
		220.1 certify that (I) (the	is haspital) at	tended the	e deceased fram_		, 19	, ta		, 19	), th	hat (I) (we) last
		saw the deceased of abave, (I) (we) (did)	alive an	41-1-1	19	, a	nd that in (my) (our) opinion	death accurre	d on the date a	nd haur o	and fram the co	auses stated
		22b SIGNATURE	(ala har) view	The oddy	arrer dearn.		DEGREE DE PATHO	406137			22c. DATE S	HGNED
		11 Ath	Mue			M.	ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN		4/1	6/85
1		224 PHYSICIAN'S NAME	(THE OFFINE)				22e ADDRESS	4				1
		NATHAN	) SH	ERM	AN, M.	D.	8118 6000 Lve	K RD.	LANHA	m,1	ND 20	706
		BURIAL, CREMATION, REA	MOVAL 23b	DATE	23c. N	AME OF	EMETERY OR CREMATORY	23d. LOC	ATION		COUNTY	STATE
		Burial	4	/19/	85 Ma	. Ve	terans Cem.	Che	ltenha	m. AT	2 i. l. G in	andalify
	24. FU	JNERAL DIRECTOR					25a. DAI	E REC'D. BY	TO CEAR 25	REGISTRA	R'S SIGNATU	TRE

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the buriol-transit permit. Then please remove corbonopapers. Powith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other traumotic event, the think the state of the property of t

Huntt Funeral Home

Waldorf, MD 20601

In our land e palement materiale de un un de materiale de la companya del companya de la companya del companya de la companya del companya de la companya de la companya de la companya del companya de la companya d regulation in resource of the Table

9		REGISTRAR			CERTII	ICATE OF DEATH	REG. N		
		CEASED NAME FI	IRST.	MIDDLE	(	LAST	2a. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
N	11111		Jane N	/M/N	P1a	aner	April 10,	1985	930
	3. SE)	(	4. RACE		5. DATE O		6 AGE (IN YEARS LAST BE	RTHDAY) IF UNDE	
		Female	Caucas	sian	Dec.	14, 1893 YEAR	92	YRS	DATS HOURS N
81	7a. BII	RTHPLACE (STATE OR FORE	IGN 76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DE	ATH
5 /		Ireland	U.S.A	•	WIDOWS		Prince	George	
1	Ну	TY OR TOWN OF DEATH	2016 An	herst Roa	address)	OR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST) Housewife	OF WORKING LIFE) IND	KIND OF BUSINESS USTRY Vn Home
35	Ma. S	ryland	HOME OR OTHER INSTITUTION COUNTY P.G.	GIVE RESIDENCE BEFORE 130 CHTY OR TOW Hyattsv:	N	13d Inside City Limits? Yes 🔼 no 🗌	13e STREET ADDRESS 2016 Amh	/ ZIP CODE erst Road	207
64	Ja	THER'S NAME FIRST	WIDDIE	Gilbane		15. MOTHER'S MAIDEN NA Mary	Anne		Gill
/medico		(AS DECEASED EVER IN L ES, NO OR UNKNOWN) (IF NO	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES) N/A	16b SOCIAL SECU 577-30-0		Anna M. O'Do	hter ADDR Onnoghue , I	<sup>ESS</sup> 7757 Ga Hyattsvill	rrison Ro Le, Md.
other fraum		Canditions, if any, who gave rise to immedicause (a), stating underlying cause li	iate	RAS A CONSEQUE	NCE OF	TRUETUE GALLB	AAAAA AAAA AAAAAAAAAAAAAAAAAAAAAAAAAAA	4.5	
10.7		PART 2 OTHER SIGNIER	CANT CONDITIONS CO	ONTRIBUTING TO F	EATH BUT				APT 110
77	CATION	PART 2 OTHER SIGNIFIC				NOT RELATED TO THE TERM  N WAS PERFORMED		IDITION GIVEN IN F	FINDINGS USED
2	THICATION					NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEN IN F	
29	CERT	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL E	N 196 COND	ITION FOR WHICH OF INJURY M. MONTH DA	OPERATIO	NOT RELATED TO THE TERM	200 AUTOPSY?  YES NO X	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED AUSES OF DEATH? NO [
orked or 16m 18 shaws ony mury at	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	N 196 COND  ING 216 TIME C HOUR A.  XAMINER)  216 PLACE (AT HOME ST	ITION FOR WHICH  OF INJURY  M. MONTH DA  M.	OPERATIO AY YEAR 19	NOT RELATED TO THE TERM	200 AUTOPSY?  YES NO X	20b. IF YES, WERE IN CERTIFYING C YES  REY IN ITEM 18 PART 1 OR I	FINDINGS USED AUSES OF DEATH? NO
n 21 is marked ar Hem 18 shaws any Intury at 1	CERT	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICALE 21d. INJURY OCCURRED WHILE NOTIWHILE AT WORK 22a.1 certify that (1) (this say the deceased a abave, (1) (we) (did)	196 COND  216. TIME C HOUR A. XAMINER)  216. PLACE (AT HOME, STI	ITION FOR WHICH  OF INJURY  M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE FA  e decreased from  19	OPERATIO  AY YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR  21f LOCATION  STREET  1984  d that in (my) (our) apinian	200 AUTOPSY?  YES NO SERENT NO SEREN	20b. IF YES, WERE IN CERTIFYING C YES   OWN   COL  19 45  ate and hour and from	FINDINGS USED AUSES OF DEATH? NO  PART?  INITY STATE  that (I) (we) am the causes stated
NI: If Hem 2] is marked or Hem 18 shaws ony Injury at 1	MEDICAL CERT	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTHEY MEDICALE 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 22a.1 certify that (1) (this saw the deceased as the deceased of the contribution of the contribut	I 196 COND  I 196	ITION FOR WHICH  OF INJURY  M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE FA  e decreased from  19	OPERATIO  AY YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION STREET  19 44  10 that in (my) (our) apinian  DEGREE  ATTENDING	200 AUTOPSY?  YES NO SERENT NO SEREN	20b. IF YES, WERE IN CERTIFYING COYES	FINDINGS USED AUSES OF DEATH? NO PART?)  INITY STATE

BP.

114035

DHMH - 16 60M 7/84 (VRA 15, 4)

Dr. Hong Liang Tee, M.D. 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) Burial 4-15-85 Ft. Lincoln Cemetery Brentwood tery Brentwood, P.G. Maryland
250. Date REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 4739 Baltimore, Avenue

STATE OF MARYLAND,

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Gasch Funeral Home, Hyattsville, Maryland

andion-Randale

19d5\_\_\_, that (I) (we) last

12b. KIND OF BUSINESS OR

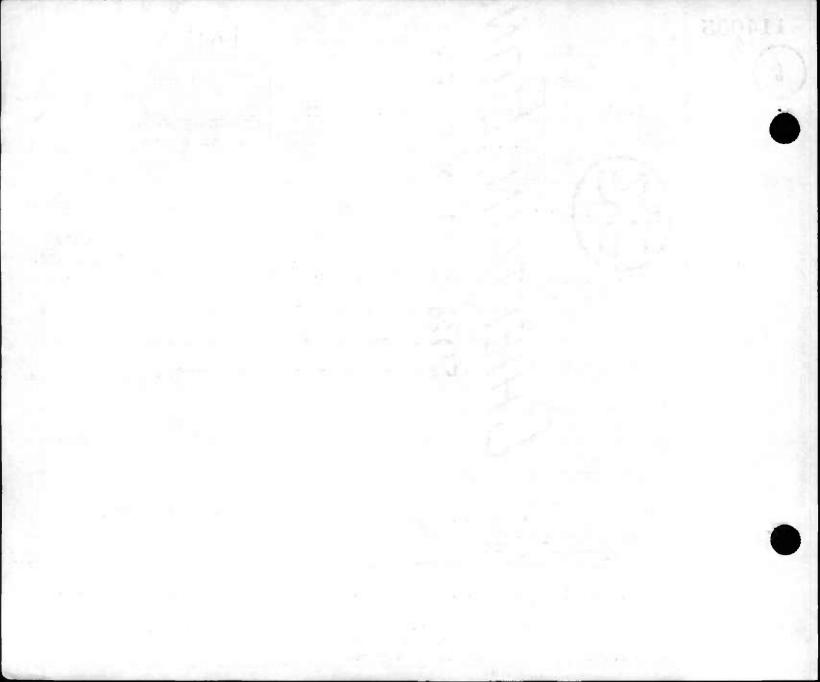
LAST Gil1 7757 Garrison Rd.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

April 11, 1985

IF UNDER 24 HRS.

207.83



STATE OF MARYLAND

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FOR STATE

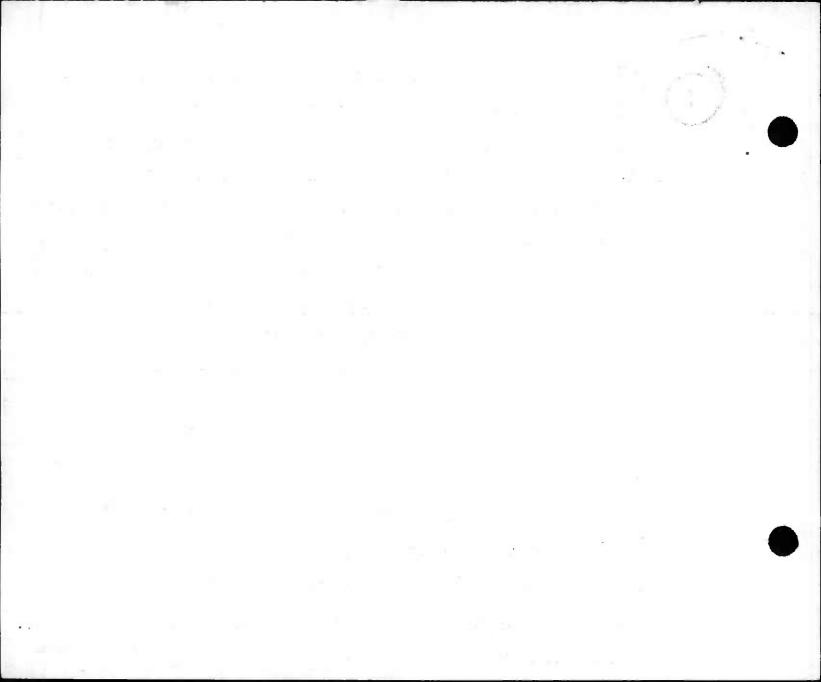
### 123 STATE OF MARY LAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	*	REGISTRAR		CENTINI	CAIL OF DEATH	REG. NO	)	
861		CEASED NAME FIRST	MIDDLE	0 1	ST /	1 PATE OF DEATH	MONTH DAY YEAR	2b HOUR
-	{ I YPE	ORPRITIN ANGARE	/ c.	1 octs	MAN	7422185	12.20AM	M
E	J. VEX		4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRT		IF UNDER 24 HRS
	. F	EMALE	CAUCASIAN	NO DONTH	0,1903 YEAR	8 1	YRS.	HOURS MIN.
	-	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	INITOV2 8		9 BALTIMORE CITY O		
3	A.	JARY LAND	U.S.A.	MARRIED	NEVER MARRIED DIVORCED	PRI	NCE GEORG	ES MD.
-a		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I			120 USUAL OCCUPATION	ON 126, KIND (	OF BUSINESS OR
40	- 1	ARGO	HE NOT IN SUCH EACHITY GIV			(TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY	
		AL RESIDENCE (IF NURSING HOME OR			SINO HOME			
3	13a. S	STATE 136 COUN	NTY 13c. CITY C	ELPHI	136 INSIDE CITY LIMITS?	13e.STREET ADDRESS	STH AVENUE	20783
10	_	THER'S NAME	. OLU.   AUI	LLIII	15. MOTHER'S MAIDEN NA		TH AVENUE	20703
8	1	BENJAMIN	MIDDLE C.1	RISMOND	CECEL	MIDDLE	2 CÅ	NFORD
8				AL SECURITY NO.			919 SARATOGA	
medicol	160 V	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	AL THURS ON DATEST					
Ē.		NU	5 /	7-48-974	3 ELIZABI	ETH A. SHE		LPH, MD.
ŧ.		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one cause per line far (a),		1. = 0	100	BETWEEN	XIMATH INTERVAL LONSON AND MEATH
eve			TE CAUSE (0) CARD	10 KES	PITORY 1	PREST		
ofic			DUE TO, OR AS A CON		5 010			
50		Conditions, if any, which	( 16) ASPI	RATION	Y EMPAN	SEMA		
er tr		gave rise to immediate couse (a), stating the	DUE TO, OF AS A COM	NSEQUENCE OF		-		
t d		underlying cause last	1 10 MARK	IN SON	ISM , 51	EIZURE	- 5 .	
λ,		PART 2. OTHER SIGNIFICANT	conditions <u>contributi</u>	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART I	ia i
) . <u>S</u>	CERTIFICATION							
200	CAT	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FIND IN CERTIFYING CAUSE	
3	TIF					YES NO	YES [	NO 🗌
8 %	CER	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MON	TH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2)	
E	AL	OR CONTRIBUTING CAUSE OF DE.	0111	19				
or II	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		21L LOCATION	CITY OF TO	wn County	STATE
ked	Σ	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY	OFFICE FARM EIC }	SINCE			
E S		22a   certify that (1) (this hosp	ital) attended the <u>de</u> ceased	from 4.	5 - 19 8 5		72 19 85	, that (I) (we) last
2 I is		sow the deceased alive or	4-7-	_19 85 or	d that in (my) (aur) opinion	death accurred on the de	ate and hour and from the	e causes stated
. E		22h SIGNATURE	ot) view the body after death		DEGREE		22c DAT	E SIGNED
=		Town A. 1.	Cannark	at 1	ATTENDING PHYSICIAN E	DIRECTOR PHYSIC	FF CIAN (T)	
Z		22d PHYSICIAN'S NAME (TYPE)	OR PRINT)	1	22e. ADDRESS	44		5 - 0 -
MPORTANT: If It		TONY P. K	ANNAR	KAT	8201 10	5 195T >	5. MD	20910
N N N	22- 5	RUDIAL CREMATION PENOVAL			EMETERY OR CREMATORY	123d LOCATION		
	/30. E	SPECIFY) BURIAL  UNITED AL DIPECTOR TO LLA				CITY OR TOWN	PRING MO	NT MD.
_	24 51	BUKIAL	4/25/85		F HEAVEN	SILVER SF	25b, REGISTRAR'S SIGNA	
4/83		UNERAL DIRECTOR FRANC				R 2.4 1985	a Davidson	
)	5	OO LINTU RIVO. U	u. STIVER SPR	ING. MU. 2	U901   AF	1 4 4 1900	M	

500 UNIV.BLVD., W., SILVER SPRING, MD. 20901

DHMH - 16 50M 4/83 (VRA 15, 4)

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medicol es

injury, or other troumotic event, the

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

### 1 - STATE

IENE

- PI	- ( -	NO.

REGISTRAR		CEIC	michie o	PERIL	REG.	NO.		
DECEASED NAME FIRST	MIDE	DLE	LAST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
TYPE OR PRINT) MARY	(N.M	.I.)	POLOS	KI	APRIL 9	, 1985		12:25p <sub>A</sub>
SEX	4. RACE		E OF BIRTH		6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	
Female	Whit	e 06	29	1891	93	YRS.		HOURS MIN.
BIRTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WH	AT COUNTRY? 8.	NEV NEV	ER MARRIED	9. BALTIMORE CITY			
Poland	U.S.A.		WED K	DIVORCED	PRINCE G	EORGE'S	COUNT	Υ
CITY OR TOWN OF DEATH		SPITAL, NURSING HOM			126 USUAL OCCUP			OF BUSINESS OR
LANHAM		THOSPITAL 3	f P.G.	Co.	Housewif	e		Home
	DUNTY 13c	e residence before admission. CITY OR TOWN Canham		E CITY LIMITS?	13e.STREET ADDRES	s / zip codi Avenu	e 20	706
FATHER'S NAME			15 MOTH	ER'S MAIDEN NA				
Inknown	Paw	likowski	U	nknown	MIDDLE		L	AST
WAS DECEASED EVER IN U.S.		SOCIAL SECURITY NO	). 17 INFO	RMANT	ADI	RESS Add	ress Sa	ame as
(YES NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES	70-10-81100	Irma	Kochan	(Daughter)	No#	13e.	
18 CAUSE OF DEATH (Ente				- 1			1 APPRO	EMATT INTERVAL CONSET AND DEATH
cause (a), stating the underlying cause last.  DUE TO, OR AS CHISEQUENCE OF CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								IQ.
	141 CONDITIONS <u>CON</u>	INIDOTINO IO DEATT	OT TO TREE	TED TO THE TERM	All GE DISEASE ON CC	740111014 011	LEIA IIA LAKI	TG .
190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19b. CONDITIC	on for which operat	ION WAS PE	RFORMED	20a AUTOPSY?	IN CERTI	S, WERE FIND FYING CAUSE ES []	INGS USED S OF DEATH? NO []
21a. ACCIDENT WAS UNDERLYING			21c HOV	V INJURY OCCUR	RED (ENTER NATURE OF IT	JURY IN ITEM 18	PART I OR PART 2)	
OR CONTRIBUTING CAUSE OF	FUEAIN	MONTH DAY YEA	1					
218 INJURY OCCURRED	21e PLACE OF	INJURY	21f LOC	ATION			P. P	
WHILE NOT WHILE AT WORK AT WORK (AT HOME. STREET, FACTORY OFFICE, FARM. ETC.) STREET CITY OR TOWN COUNTY STATE								
220 L certify that (1) (this h	ospitol) attended the d	reased from		. 19		9	1900	, that (1) (we) las
saw the acceased alive above, (i) we (did) (did	on T	67 19 80	and that in (	my) (our) opinion	death occurred on the	date and hou	or and from th	e causes stated
724 SIGNATURE	1/-///	1/ 0	DEGREE				771. DAJ	frompor.
Jones	VOSJa	rang (	A	ATTENDING PHYSICIAN	MEDICAL 51	AFF SICIAN	141	2/85
274 PHYSIGIAN'S NAME IT		/	27e. ADD	RESS.			,	
James W.	. Harding,	M.D.	600	5 Landov	er Road Ch	ever1y	, Maryl	and 20
BURIAL CREMATION REMOV	VAL 1225 DATE	1234 NAME O	E CEMETERY	DE CREMATORY	123d LOCATION			

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carbon papewith the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal

IMPORTANT: If Item 21 is morked or Item 18 shows ony

(VRA 15, 4)

(SPECIFY) Burial

4739 Baltimore Avenue Hyattsville, Md. 20781

Francai SaeGasch's Sons Funeral Home, P.A.

Apr.12,1985 Franklin Memorial park Cemetery

New Brunswick Middlesex N.J.

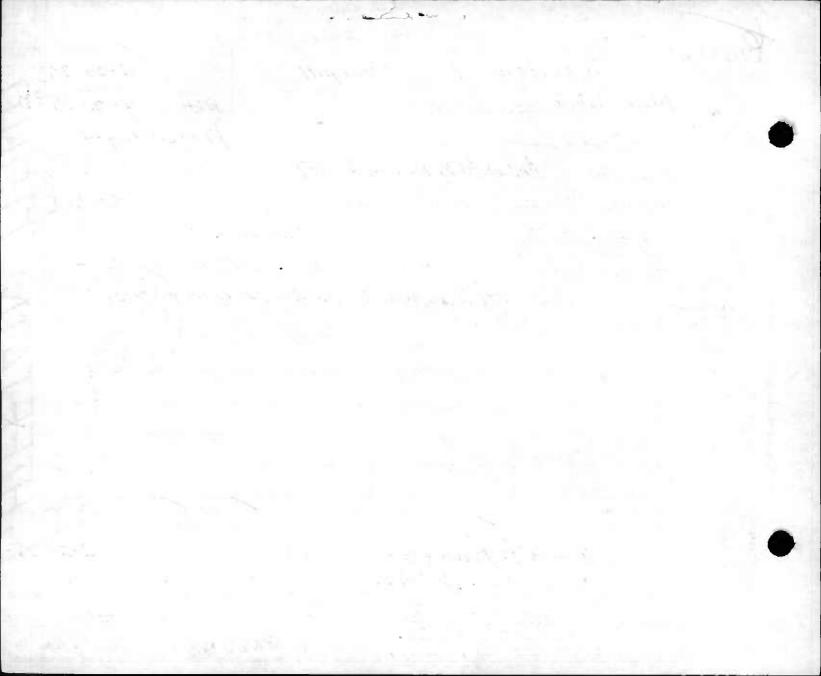
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE APR 11 1085

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Tatagene military -on, ....

. L. A gonnalis is being and

1-s	OR TATE EGISTRAR  DEPARTMENT OF HEAUTH AND MENTAL HYGTENE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
TAOOT 3 (TYPE	EASED NAME FIRST MIDDLE LAST 20 DATE KNOWN JOHN DAY YEAR 12b. HOLD OF ESTI-DEATH MATED 4-20 1985
3. SEX	4. RACE   5. DATE OF BIRTH   6. AGE (INYEARS LAST BIRTHDAY)   7. A
fore Wa	shington,DC USA WIDOWED DIVORCED DIVINCE GROGES N
Ca	TORTOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 118 NOT IN SUCH FELLITS GIVE STREY ADDRESS)  OR INDUSTRY  MECHANIC  120 USUAL OCCUPATION (177E OF WORK FOR MOST OF WORKING LIFE)  OR INDUSTRY  Mechanic  Auto Repairs
Mar	yland county yland calvert Prince Frederick YEXXX NO□ 6015 Daybreak Drive (20678)
Ch	HER'S NAME FIRST  ACTION A. POMPOLI  AS DECEASED EVER IN U.S. ARMED FORCES?  15. MOTHER'S MAIDEN NAME FIRST  FIRST  FILIZABETH M. DI GIULIO  17. INFORMANT  ADDRESS  16b. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS
NO NO	, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)
	gave rise to immediate couse (a) Stating the under- DUE TO, OR AS A CONSEQUENCE OF Lying cause lost.  (c)  PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 1D THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).
RD "P	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY?  YES  NO F
	216. EXTERNAL CAUSE WAS  21b. TIME OF INJURY  HOUR A.M. MONTH DAY YEAR  CONTRIBUTING CAUSE OF DEATH  P.M.  19
WE SEE	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)  217 PLACE OF INJURY (AT HOME, STREET)  218 PLACE OF INJURY (AT HOME, STREET)  219 PLACE OF INJURY (AT HOME, STREET)  219 PLACE OF INJURY (AT HOME, STREET)  210 PLACE OF INJURY (AT HOME, STREET)  211 PLACE OF INJURY (AT HOME, STREET)  212 PLACE OF INJURY (AT HOME, STREET)  213 PLACE OF INJURY (AT HOME, STREET)  214 PLACE OF INJURY (AT HOME, STREET)  215 PLACE OF INJURY (AT HOME, STREET)  216 PLACE OF INJURY (AT HOME, STREET)  217 PLACE OF INJURY (AT HOME, STREET)  218 PLACE OF INJURY (AT HOME, STREET)  219 PLACE OF INJURY (AT HOME, STREET)  210 PLACE OF INJURY (AT HOME, STREET)  210 PLACE OF INJURY (AT HOME, STREET)  211 PLACE OF INJURY (AT HOME, STREET)  212 PLACE OF INJURY (AT HOME, STREET)  213 PLACE OF INJURY (AT HOME, STREET)  214 PLACE OF INJURY (AT HOME, STREET)  215 PLACE OF INJURY (AT HOME, STREET)  216 PLACE OF INJURY (AT HOME, STREET)  217 PLACE OF INJURY (AT HOME, STREET)  218 PLACE OF INJURY (AT HOME, STREET)  218 PLACE OF INJURY (AT HOME, STREET)  219 PLACE OF INJURY (AT HOME, STREET)  210 PLACE OF INJURY (AT HOME, STREET
ULD BE FORW DIRECTOR: P (, WITH THE ST MARYLAND, 2	22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ,  TITLE (SPECIFY)  Deputy  DATE 4-20-85
CUTE THE SHE A SHE DER	Augusto P. Rodrigue, M.D. 5009 Rayburn Ct., Temple Hills, Md
230 BUR	RIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE UTION COUNT
24 FUN	NERAL DIRECTOR Lee Funeral Home, Inc.  APR 25 1985 Julia Javidson Rondons  APR 25 1985 Julia Javidson Rondons  APR 25 1985 Julia Javidson Rondons



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the busial-transit permit. Then please remove carbanpopers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

ar other troumotic event, the medical

IMPORTANT: If Item 21 is marked ar Item 18 shaws ony injury,

STATE OF MARYLAND

	1 -	FOR STATE REGISTRAR			DEPARTI		IEAITH AND MENTAL HYG ICATE OF DEATH	REG. N	0.				
1		CEASED NAME	FIRST		MIDDLE	100	LAST	2a. DATE OF DEATH	MONTH	DAY Y	EAR	26 HOL	JR
	TITPE	OR PRINT)	EAI	RL	C.	PR	IDE		04	16	85	3:3	0P M
	3. SEX	(		4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIR		IF UNDER I	YEAR DAYS	IF UNDER	
		Male		Whit	te	Sep	t.19,1907	77	YRS.	MONTHS	DAYS	HOURS	MIN.
		RTHPLACE (STATE OR I	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY	OF DEA	TH		
		ennsylvani	a	U.S.A	1.	WIDOWI		PRINCE GE	ORGE !	S COL	MTY	1	MD.
1	10. CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT				FBUSIN	ESSOR
		CHEVERLY		1 1 1 1 1 1 1 1 1 1	GEORGE'S	HOSP	& MC	Carpenter		Se	lf ]	Empl	oyed
-	13a S	AL RESIDENCE (IF NURS	136 COUP		13c. CITY OR TOW		113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE				
		ryland	P.	G.	Landover		YES 🔀 NO 🗌		er Av	e #C8	3 2	2078	4
1	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE			LAST		
	40	narles			Pride		Clara		45.0	Bir			
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ESS 610:				13
	No				577-14-0	205	Lucille M. V	endemia Cir	cle -				
		18 CAUSE OF DEAT PART I. DEATH W	H (Enter or	nly ane couse per	line for (a), (b), an	id icil		100	C 000	BET	WEEN C	MATE INTE	RVAL DEATH
		PARTI DEATH W		TE CAUSE (a)	RES	SPI	PHTORY	MRR	F1.)	-			-10
				DUE TO, O	R AS A CONSEQU	ENCE OF	1 1 - 1 cm		A	0			
		Conditions, if ony,		(b)_	CECHOT L	NE	+ ASTATIC	. CONG C	ANIE	K			
		couse (a), statir underlying cause	ng the	DUE TO, O	RAS A CONSEOU		TT DAT	A. DIS	v 0	,			
	ш			(c)	NUTT		いてははって		EDINI	-11			
	z	PART 2. OTHER SIGN	VIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIV	EN IN PA	RT IIo	, 1	
_	CERTIFICATION	19s. DATE OF OPERA	TION	19h COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20g AUTOPSY?	20b. IF YES	S. WERE F	INDIN	IGS USE	D
,	FIC	THE DATE OF GREAT		178. CO.10			THE STATE OF THE S	YES NO	IN CERTIF	YING CA	USES	OF DEA	
-	ERT	21g. ACCIDENT WAS UNI	DERLYING [	21b. TIME C	F INJURY	-	21c. HOW INJURY OCCUR				(RT 2)	140 [	
		OR CONTRIBUTING		ALD .	M. MONTH D.	AY YEAR							
	MEDICAL	(IF EITHER, NOTIFY MEDI-		21e PLACE			211 LOCATION			COUN			STATE
	¥	WHILE NOT WE	HILE	(AT HOME, ST	REET, FACTORY, OFFICE, I	FARM ETC )	STREET	CITY OR TO	)WN	COUN	117		SIAIE
		22a I certify that (I)		ital) attended th	e deceosed from_	3	19 63		4	19 8 5		thot (I) (	we) last
		sow the decease		at) view the body	G 19	£2.	nd that in (my) (our) apinion	death occurred on the d	ate and hou	ir and fro	m the d	couses st	oted
		22b. SIGNATURE	olo ) (dio tio	1	Over deom.	7 6	DEGREE			22c.	DATE	SIGNED	750
		M	N	Mar		W	ATTENDING PHYSICIAN	MEDICAL STA		1	1)	17/8	2
,		22d PHYSICIAN'S N	AME (TYPE	OR PRINT)	. /	1	220. ADDRESS	24m Act	HIR	ENV	K	#4	10
		12.21	107	AICA	5 Wi	)	LANGLES	PARE.	mi	) d	07	13	
		URIAL, CREMATION,	REMOVAL	236. DATE	23c.	NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	101	COUNTY			STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

> 24. FUNERAL DIRECTOR F. Gasch's Sons F.H. P.A. Hyattsfille, Maryland

Burial

Apr.19,1985

Mount Olivet Cemetery Washington.

23d LOCATION CITY OF TOWN

Washington.

25d DAAFBED D BY REGISTRAR 25b. RE GISTRAR 256. REGISTRAR'S SIGNATURE in nurdson-Handall

77 701,01.300 parity in a promise de la company FIGURE 18 OAL GODING CLASS revoluted .c. brokens araig 90 491 TELLIFICATION OF THE CONTROL OF THE Mind Application of the Committee of the

postal complete Monat midwet Complemy vanishment circ.

i. Canchis Sons C.M. Y. . Constatilio, Serviced

107025

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR		CERTI	FICALE OF DEATH	REG. NO	0.		
DECEASED NAME FIRST	MIDDLE		LAST		MONTH DAY YEA	AR 2b HOUR	
ELIZAB	ETH G.	PRO	TOR		04-02-85	2.20 a M	
SEX	4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 Y	YEAR IF UNDER 24 HRS	
Female	Negro	Ju	lly 9,1927	57	YRS	ATS HOURS MIN.	
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8.	ED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	н	
laryland	U.S.A.	WIDOW		PRINCE GEO	PCE'S COUNT	TV MD	
CITY OR TOWN OF DEATH	11. NAME OF HOSPITA	AL, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION	ON 12b. KIN	ID OF BUSINESS OR	
CLINTON	SOUTHERN M		OSPITAL.	Home make	31	I K I	
UAL RESIDENCE (IF NURSING ISSUED)	OF OTHER INSTITUTION GIVE RESIL	DENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /			
a see a liver		ldorf	YES NO X	Box 206-F	Hwy 86	7-A 2060	
ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	ME			
	mpson	EASI	Mary El	izabeth Pr	coctor	LAST	
WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SO	CIAL SECURITY NO.	17 INFORMANT	ADDRE	SS		
(yes, no or unknown) (if yes,	GIVE WAR OR DATES) 21	4-28-396	Mrs. Eliza	heth P Pro	octor	SAA	
	only one cause pendine for	(a), (b), and (c), (	ALLE OF LILLE OF	50017 1.111	APP	PROXIMATE INTERVAL	
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	SED BY: IATE CAUSE (0) KES P	uratom	arrest.		52.11	ELI DISE AND DEATH	
IMMED							
Conditions, if ony, which	DUE 10, OR AS A C	ONSEQUENCE OF	Carnling Och	44.0	M	erms.	
gove rise to immediate	DUE TO, OR AS A	ica of	Service VII	M.		0000)	
couse to storing the underlying couse lost.							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART II.							
9 Land Olif	Leculos Contribo	1 magain	JITION GIVEN IN PAR	1 110			
190. DATE OF OPERATION	ONDITION FO	OR WHICH OPERATION	DN WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN	NDINGS USED	
100	A Section 1			1	IN CERTIFYING CAU	ISES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJUR	Y	21¢ HOW INJURY OCCUR	YES NO	YES	NO 🗌	
OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MC	ONTH DAY YEAR		(ENTER INCIDATE OF INJUR	THE TO PART   OR PART	*1	
(IF EITHER NOTIFY MEDICAL EXAM)	P.M. 21e PLACE OF INJU	19	211 LOCATION				
WHILE NOT WHILE	(AT HOME STREET, FACTO		STREET	CITY OR TOV		STATE	
AT WORK AT WORK		13	110 00	4,110	27	AM	
22a.1 certify that (1) (this ha			and that in (my) (our) opinion	death accurred on the do	19 19	, that (I) (we) lost	
above, (1) (we) (did) (did	on not) view the body of the de	ath	DEGREA	Geom occorred on the do			
A A A	TOREN	V /-	E CONTRACTOR OF THE PROPERTY O	MEDICAL STAF		ATE SIGNED	
22d PHYSICIAN'S NAME (TYP	1000	/	ATTEN ING	DIRECTOR   PHYSIC	IAN DI	14/87	
120 PHYSICIANS NAME (TYPE	E OR PRINT)	(/	22e. ADDRESS	11 01	1	20	
141047884	21		16005 Crai	w Khung. K-	t. 301 BR	inder were	
BURIAL, CREMATION, REMOV		23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION	2 SUNTY	STATE	
Durial	4/8/85	Stife	ters Chilam	Walder	chas	00H	
FUNERAL DIRECTOR	///	ADDRESS	25a. DA1	E REC'D. BY-REGISTRAR	THE REGISTRAR'S SIGN	NATURE andell	
Martoll. /	dans 1	PADDRESS	Madi Sx	2801 0 1 dd	7	Direction Montage	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filling should be detacked for use as the burial-transit permit. Then please remove carbon-papers. Pages, I and 2 stand be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other froumatic event, the medical exbailing in many control or standard or item.

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	STATE OF MARYLAND
O ) FOR	DEPARTMENT OF HEALTH AND MENTAL HY
REGISTRAR	CERTIFICATE OF DEATH
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116023	+	STATE REGISTRAR			DEI ARIII	CERTIFI	CATE OF DEATH	III OILINE	REG. N	10.			
20000		CONTROL OF THE PROPERTY OF THE	RGE	H.	- 1	Pur	PHRE	Y 20. DA	TE OF DEATH	MONTH (	8 8		12:43Ar
The state of the s		ale		casian		5. DATE O	12 1908	7		YRS		DATS . F	IF UNDER 24 HRS HOURS MIN.
deceth 70 in 72 in 172 in 172 in 172 in 172 in 172 in 173	Wa	RTHPLACE (STATE OR FORE) ashington, D	.C. U.	76 CITIZEN OF WHAT COUNTRY? 8  MARRIED   NEVER MARRIED   9 BALTIMO  PL  WIDOWED   DIVORCED   PL						= GE	EOR	266	ESMO.
and the state of t	C	IN OR TOWN OF DEATH	20	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  TO THE PLANT OPERATOR INC. THE INSTITUTION  TO THE PLANT OPERATOR INC. THE INDUSTRY GOV t.								ov't.	
September 1	Ma Ma		COUNTY COUNTY	eorge 0	Y OR TOWN	ADMISSION)	134 INSIDE CITY LIMIT YES MO 🗍		7 Deerf	ZIP COD	Ct.	20°	745
Andrew March	_	Samuel	MIDDLE	Pur	15 MOTHER'S MAIDEN FIRST Helen	MIDDLE	E. Gates						
be execu-		VAS DECEASED EVER IN L YES, NO OR UNKNOWN) (IF	J.S. ARMED FC YES GIVE WAR OR	DATES)	-50-60		Ernest C.	Pumph	rey 190	7 Dee xon H			
g physical enpoper emoval event, th		18 CAUSE OF DEATH (E PART I. DEATH WAS	nter only one c CAUSED BY: MEDIATE CAUS		rdic	W C	errytha	mia			BET	PPROXIMA WEEN ON	ATE INTERVAL ISET AND DEATH
death o offerdin dron.or reputition.	-	Canditians, if any, wh gove rise to immedi	nich (	(b) CR AS A C	ONSEQUE	NCE OF	Sis				5	50	days
of by the debie or not crem or other		couse (a), stating underlying cause l	the DU	e TO, OR AS A C	A	2	Demen				13	3 4	IYS.
con signa of Then p or to but	CERTIFICATION	PART 2. OTHER SCHIFTCANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2. OTHER SCHIFTCANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 1200 AUTOPSY? 1200 IF YES, WERE FINDINGS USED									SS LISED		
The form		21a. ACCIDENT WAS UNDERLY		TIME OF INJUR		OI EKATIO	21c HOW INJURY OC	YES	- NOT	IN CERT	IFYING CA	AUSES O	
YSICIAN ding phy s certifica bursol fro Membil H	MEDICAL C	OR CONTRIBUTING CAUS  (IF EITHER NOTIFY MEDICAL E  216 INJURY OCCURRED	E OF DEATH XAMINER)	P.M. PLACE OF INJU		YEAR 19	211 LOCATION						
OING PH or other th e us the real olith and murked a	ME	WHILE NOT WHILE AT WORK  220.1 certify that (1) Here	(AT	HOME STREET FACTO	ORY OFFICE, FA	ARM, ETC	STREET 12-18-5	to	CITY OR TO	8 1 6	Tio	iTY sh.	STATE
HECTOR: MECTOR: and for un pot of the www 21 is		saw the deceased a above, (I) (we) (did)	live on	he bady after de	19		that in (my <del>mou</del> r) api			late and ho		m the ca	
PITAL OF		22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	Ma	m	^	1 D ATTENDIN PHYSICIA 22e ADDRESS		CAL STA		4	-[10	1182.
to HOSS returned to Fully should by when the	230	V.MAN	1 10 100 AL 1236. E	DATE	23€. №	AME OF CE	8926 W	DOG V (	and R	5d. C	LLI	nto	N. My
BP		Burial UNERAL DIRECTOR		20/85	St	. Barr	nabas Epis.		m Tem	ole Hi		1	Md .
DHMH - 16 60M 7/84 (VRA 15, 4)	(	George P. Ka	las Fun	eral Ho	ne 0x0	O Oxor	Hill Rd."	APR 1	9 1985	U REGIS	OIKAK 2 31	Hamile Bu	

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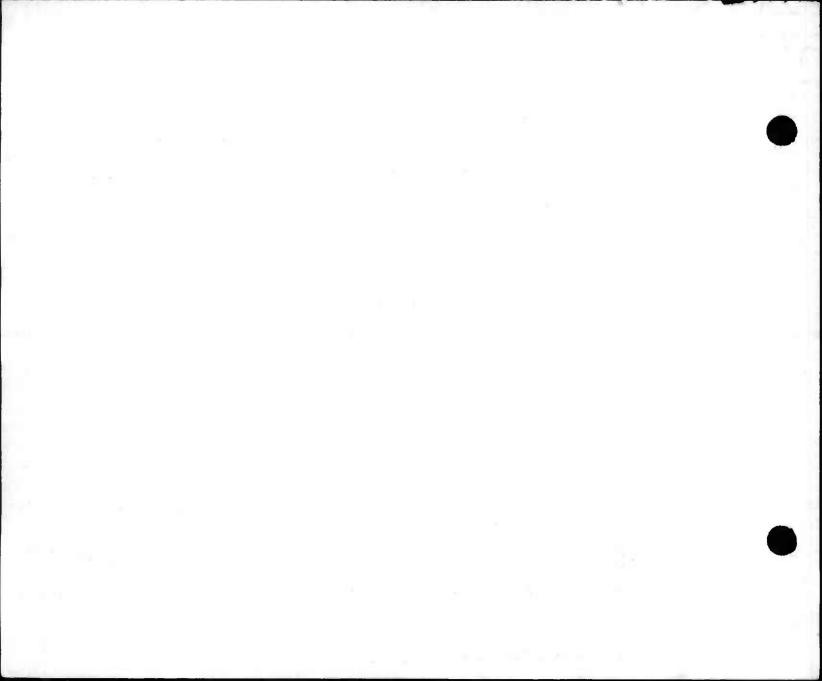
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EP ARTMEN	T OF	HEAL	THÂN	MENTAL	LHY
C	ERT	FICA	TE OF	DEATH	

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1-	FOR STATE		DEPAR		IEALTH AND MENTAL HYG ICATE OF DEATH					
I DE	REGISTRAR CEASED NAME FIRST		MIDDLE		AST	REG. NO		DAY YEAR	2b. HOUR	
	OR 08(b.7)	schel	C.	Radne				4, 1985		
3. SE		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIR	-	-	IF UNDER 24 HRS	
3. 36.				MONTH	H DAY YEAR			AONTHS: DAYS	HOURS MIN.	
7. DI	MALE RTHPLACE (STATE OR FOREIGN	white	WHAT COUNTR'	May	1, 1949	9 BALTIMORE CITY O	YRS.	OF DEATH		
/a. bi	COUNTRY)	76. CITIZEN OF	WHAT COUNTR	MARRIE	D X NEVER MARRIED	Prince G	_			
	eorgia	USA	LICCOUTAL SUID	WIDOWE	DR OTHER INSTITUTION	120 USUAL OCCUPATI			MD. BUSINESS OR	
g	aurel	(JE NOT IN SUI	CHEACHITY GIVE STRE	ET ADDRESS)	ville Hospita:	(TYPE OF WORK FOR MOST O			Police Fo	
Usu.	AL RESIDENCE (IF NURSING HOME C	OR OTHER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSION)	1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	7 P CODE		Force	
N	Id TE 136. SOL	A.	Laurel	74414	YES NO V	359 Damer		2071	07	
4. F.A	ATHER'S NAME				15 MOTHER'S MAIDEN NA	ME				
G	Garner Woodr	ukk Ra	idney LAST		Violet Mari	e. Ammons		LAST		
16a/V		RMED FORCES?	166. SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRE	SS			
1	(IF YES, C	IVE WAR OR DATES)	252 78	4076	Barbara Radn	ey same as	above			
	18 CAUSE OF DEATH (Enter of	anly ane cause pe	r line far (a), (b),	and (c).)	1			APPROXIM BETWEEN ON	NATE INTERVAL	
	PART 1. DEATH WAS CAUS	SED BY ATE CAUSE (a)	Card		Prrest					
	DAMEDI									
	Conditions, if any, which	DUE TO, C	Cardio	Shork						
	gave rise to immediate									
	cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF MYDE CONSIDERATION									
	PART 2 OTHER SIGNIFIC ANT	(c)	ONITRIBUTING TO	11.	NOT RELATED TO THE TERM	IN AL DISEASE OF CON	DITION GIV	EN IN PART 1 a		
Z.	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING	O DEATH BUT	NOT RELATED TO THE TERM	INALDISEASE OR CON	DITION GIV	EN INT ART III		
CERTIFICATION	90 DATE OF OPERATION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATI				
Ĕ						YES NO	YES		NO [	
5	210. ACCIDENT WAS UNDERLYING				216 HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART I OR PART 2)		
	OR CONTRIBUTING CAUSE OF D									
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN		.M. OF INJURY	19	211 LOCATION					
R.	AMILE O NOT WHILE O		REET FACTORY OFFIC	E FARM ETC }	STREET	CITY OR TO	WN	COUNTY	STATE	
	AT WORK			21	13 85	41-12	7	BE		
	220 1 certify that (1) (this has saw the deceased alive of	11 17	ne deceased tran	ALL WAR	nd that in (my) (aur) opinion	dooth assurand on the d	ata and have		hat (I) (we) last	
	abave, (1) (we) (did (did )		after death.			death accorred on the a	are and nau			
	22b. SIGNATURE	A / S			DEGREE ATTENDING	_MEDICAL STA	EE	22c DATE S	IGNED	
	William	A. Wa	rien, h	h()_	PHYSICIAN [4	DIRECTOR   PHYSIC		4-14	1-05	
	224 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS		Ci	Laure	2.	
	William	A. W	)drhen	1	301 Pruce	(Lorge	ST	had	20707	
	BURIAL, CREMATION, REMOVA	L 236. DATE	23	c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION				
	(SPECIFY) Burial	April	18,1985	Evera	reen Cemetery	Finksbu	na Ma	COUNTY	STATE	
24 F	UNERAL DIRECTOR	1				E REC'D. BY REGISTRAR	256 REGIST	RAR'S SIGNAT	Re	
D	onäldson Funera	P MAN L	tome ADDRESS		111 100 0	2 100 Et dishi	Devido	Mary Contract	\$	
	sacon . ante ta	~ nup	ione ,	Laurel,	Md APR &	0 300				

DHMH - 16 50M 4/83 (VRA 15, 4)

OFTAMT: If Irem 21 is



### STATE OF MARYLAND DED A DEMENT OF HEALTH AND WENT ALL HYCKING

DEFARIN	CERTIFICATE OF DEATH	REG. NO.				
hont	Reid	20. DATE OF DEATH MONTH	SS DAY	YEAR	26. HOL	
	5. DATE OF BIRTH 1897	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
te	H-22-1XXXX	_X86 87 <sub>YRS</sub>	MONTHS	DAYS	HOURS	MIN.
IAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DE	ATH		

WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

(TYPE OF WORK FOR MOST OF WORKING LIFE) salesperson

1511 WEST COUNTR

126 KIND OF BUSINESS OR INDUSTRY

13a. STATE 13 COUNTY FLORTDA

13c. CITY OR TOWN CIFARWATER 13d INSIDE CITY LIMITS? NO 🗌 15. MOTHER'S MAIDEN NAME

Elizabeth Martin

13e STREET ADDRESS

4. FATHER'S NAME

NO

NO

FOR - STATE REGISTRAR DECEASED NAME

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and

IMMEDIATE CAUSE (a

166 SOCIAL SECURITY NO 578-12-1461

REINS COURT KISSIMMEE

SON

Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.

PART I. DEATH WAS CAUSED BY:

PART 2. OTHER SIGNIFICANT CONDITIONS

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a

19a DATE OF OPERATION

21b. TIME OF INJURY

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? NO 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED

HOUR A.M. MONTH DAY P.M

211. LOCATION

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

NOT WHILE

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

STREET

CITY OR TOWN

COUNTY STATE

saw the deceased alive on\_ above, (I) (we) (did) (did not) view the bady after death SIGNATURE

(SPECIFY)

DEGREE

ATTENDING MEDICAL STAFF PHYSICIAN 22e. ADDRESS

22c. DATE SIGNED

230. BURIAL, CREMATION, REMOVAL 23b, DATE

4/17/85

23c. NAME OF CEMETERY OR CREMATORY CEDAR HILL CEMETERY

SUTTLAND

and that in (my) (aur) apinion death occurred an the date and haur and from the couses stated

PRI° GEO

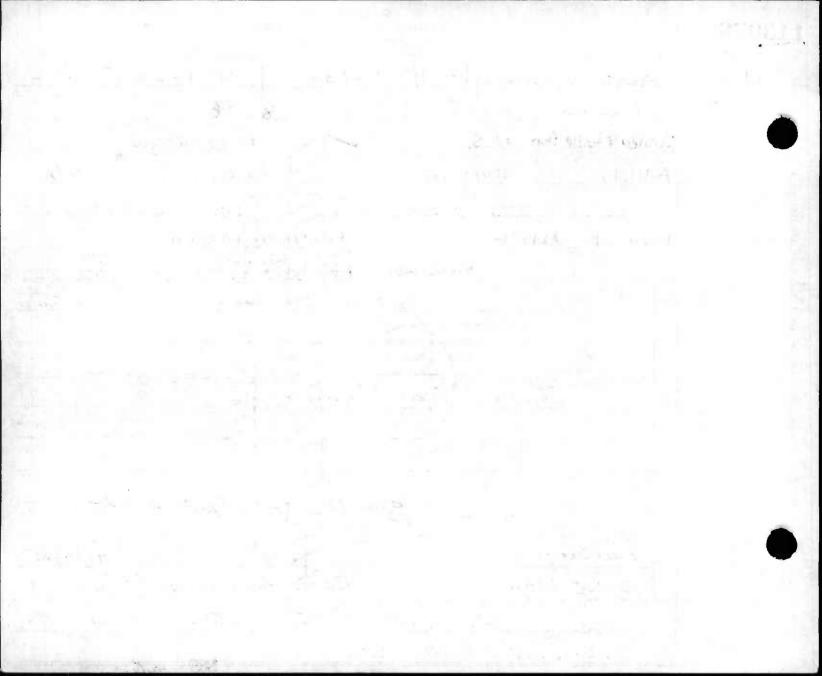
MD.

DHMH-16 30M 2/80 (VRA 15, 4)

BURTAL 24. FUNERAL DIRECTOR FRANCIS J. COLLINS 500 UNIV.BLVD., W., SILVER SPRING, MD. 20901

220.1 certify that (I) (this hospital) attended the deceased from

250, DATE REC'D, BY REGISTRAR 25b, REGISTRAR'S SIGNATURE



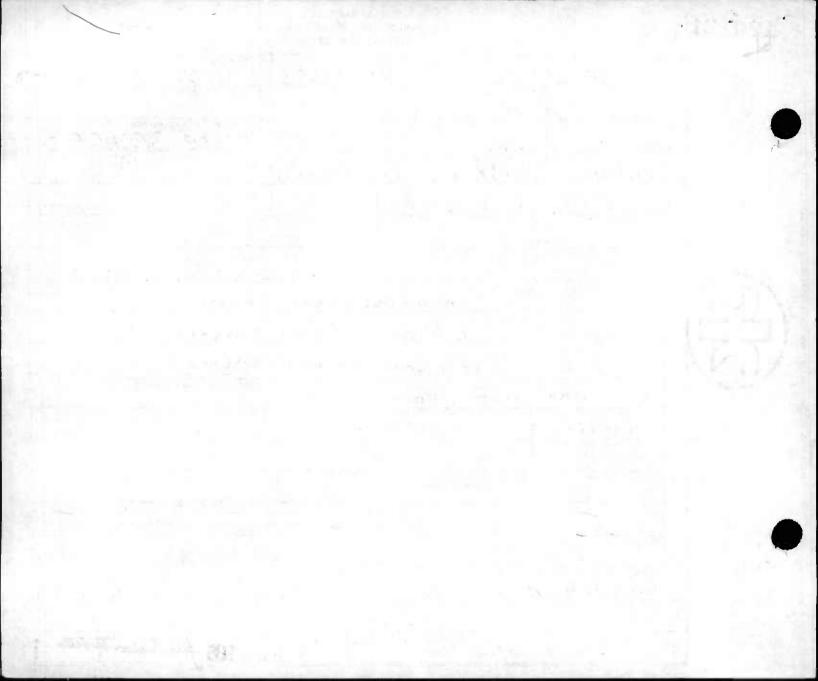
### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C	ERTIFICATE OF DI	EATH	REG. NO	D.		
	DECEASED NAME	FIRST	MIDDLE	LAST			MONTH DAY	YEAR	26 HOUR
1	· ·	MILDREL	2	RAWLI	NGS	01	4 18	88	6:40 AM
) 3	1, 5EX	4. RACE	5.	DATE OF BIRTH	YEAR 6	AGE (IN YEARS LAST BIRT	MON	INDER I YEAR	HOURS MIN.
1	Female	Whi			1907		77YRS		
50	BIRTHPLACE (STATE C	OR FOREIGN 76 CITIZEN O	F WHAT COUNTRY? 8	AARRIED NEVER M	ARRIED X	BALTIMORE CITY O	R COUNTY OF	DEATH	-1
2	Manyland	U.S.A			ORCED	PRINCE	65	ORG	ES MD.
01	O. CITY OR JOWN OF D	EATH II. NAME OF	HOSPITAL, NURSING H	ESE)	TUTION	20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF		126 KIND O INDUSTRY	OF BUSINESS OR
2 66	JAMES DESIDENCE (IEN	URSING HOME OR OTHER INSTITUTION	IN GIVE RESIDENCE BEFORE ADM	MATIO	PILAL	Tobacco F	Carmer	Ov	wn Farm
	13o. STATE	136 COUNTY	Upper Town	13d. INSIDE CIT	4	e.STREET ADDRESS /			
2-2	Marty Land	Pr.Geo's	Markboro		MAIDEN NAME	13103 Dule	y Stati	on Ro	1/20772
10	FIRST	MIDDLE	LAST		IRST	MIDDLE		LAS	· _
26	Rufus	ER IN U.S. ARMED FORCES?	Rawlings	NO. 17. INFORMAN	Julia	ADDRE	• C C	Burc	2h
1	(YES, NO OR UNKNOWN)	(IF YES GIVE WAR OR DATES)	100 SOCIAL SECURIT	Dan T				ion F	Rd. Upper
-	No			reggy i	· Woods	13103 Dul	, Md	20772	MATE BUTERVAL
1		ATH (Enter only one couse power of the CAUSED BY)			ary F	ARREST		BETWEEN	MATE INTERVAL ONSET AND DEATH
- 1	Bart.	IMMEDIATE CAUSE (o)_	CHRDIC	PULMONI	ס ורונו	11/1/62/			
			OR AS A CONSEQUENCE	EOF HE	EART	FALLUK	ح		
-	Conditions, if or gove rise to i	mmediate			CITICA	1/14/07	6		
13	couse (o), sto	ting the DUETO,	CO RONA		ERY	DISEASE			
	PART 2 OTHER SI	GNIFICANT CONDITIONS				AL DISEASE OR COM	DITION CIVEN	IN DADT 1.	
		NOMA Of COL				AL DISEASE OR CONL	JIION GIVEN	BY PART III	D
5	CARCI 190 DATE OF OPER  4 (1) 210. ACCIDENT WAS U		DITION FOR WHICH OPE			200 AUTOPSY?	20b. IF YES, W	ERE FINDIN	VGS USED
1	¥ 4 (11)	145	THIG	ESTINAL C	DYSSTRUCT	YES TO NOTE	IN CERTIFYIN	G CAUSES	OF DEATH?
0	210. ACCIDENT WAS L		OF INJURY A.M. MONTH DAY	21c HOW INJ	URY OCCURRED	ENTER NATURE OF INJUR	Y IN ITEM 18 PART	OR PART 2)	
71	OR CONTRIBUTING	J CAUSE OF DEATH	P.M.	19					
	(IF EITHER NOTIFY ME 21d. INJURY OCCL		E OF INJURY	211 LOCATION	Ν	CITY OR TO	WN	COUNTY	STATE
	MUITE NOT	WHILE WORK	SIREEL, FACTORY, OFFICE FARM,	eic)			0/		
	220.1 certify that	(L) (this hospital) attended	the deceased from	911	. 19 9 5	, to	. 19_	71	that 111 (we) lost
	shove (Life)	ared alive on	ly ofter death.	ond that in (my) (	our) opinion dec	oth occurred on the do	te and hour on	d from the	couses stoted
	778 SIGNATURE	AAn.	1	DEGREE				22c. DATE	SIGNED
	( )	Minas	NW.	M.D.	TENDING X	MEDICAL STAF		41	18/82
П	22d. PHYSICIAN'S	NAME (TYPE OR PRINT)		22e. ADDRESS		1 01		1	
	G.NA	CHNANI	MD	9015 (	Noody	ARN ROL	, Ch	INTOI	N. ma.
2	30. BURIAL, CREMATION	,		E OF CEMETERY OR CE		23d. LOCATION	1		
	Burial	4/20	/85   St.	Thomas Ceme	etery	Croom(Pr.	Geo's)	Mar	ryland
	4 FUNERAL DIRECTOR	0-1	Upper M	arlboro, Mo	250 DATE R	EC'D. BY REGISTRAR	256 REGISTRAR	C S KIN HAT	United to
	kichard A.	Coleman Fune	sal Home-	20772	APR 2	26 1965 9	ha David	Dan-Na	

.... -

DHMH - 16 60M 7/84 (VRA 15, 4)

etoined by the hospital or attending physician.



# O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

127153

y the funeral director, page 3 ed within 72 hours after death

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

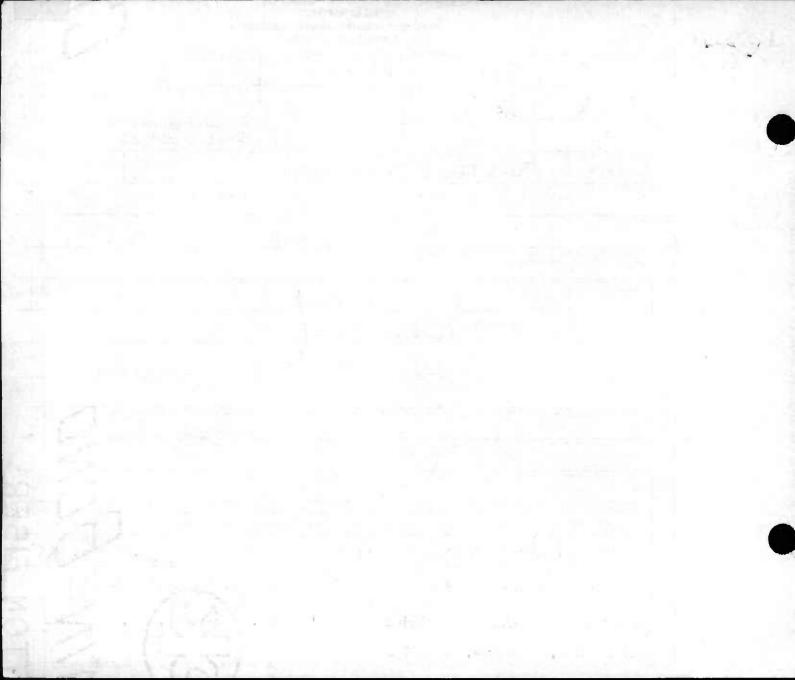
	1-	FOR STATE REGISTRAR	D		ICATE OF DEATH	ENE REG. NO.	1		
		CEASED NAME FIRST	Girl	11	Wes	2a. DATE OF DEATH M		85	18 PM
	3. SEX	Femela	Black	5. DATE C		6 AGE (IN YEARS LAST BIRTHE	YRS	DAYS	HOURS MIN.
7		OUNTRY) USA	b. CITIZEN OF WHAT CO	WIDOW		PRINCE GE		тн	MD
1	10. CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL	GIVE STREET ADDRESS	PAL MUSPITAL	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V		STRY	BUSINESS OR
2	13a. S	19	THER INSTITUTION, GIVE RESIDE Y	OR TOWN	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / 2	ZIP CODE	0	0000
7	14 FA	THER'S NAME FIRST M	IDDLE	LAST	15. MOTHER'S MAIDEN NAM	MIDDLE	REEUE	3 LAST	
		/AS DECEASED EVER IN U.S. ARM (IF YES, GIVE	NED FORCES? 16b SOC WAR OR DATES)	IAL SECURITY NO.	17 INFORMANT	ADDRES	S		
	NOI	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS ACC	ONSEQUENCE OF	Prema Interest NOT RELATED TO THE TENNIN	NAL DISEASE OR CONDI	TION GIVEN IN P	ARI lio	
9	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR	R WHICH OPERATIO	N WAS PERFORMED		206. IF YES, WERE IN CERTIFYING C. YES		
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	NTH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM IB PART I OR P	ART 2)	5 1
	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJUR		21f LOCATION STREET	CITY OR TOW	N COU	MIA	STATE
		220.1 certify that (1) (this haspite sow the deceased alive an above A) (we) (did) (did not the SESNATURE		19, o		MEDICAL STAFF	221		
		22d RHYSICIAN'S NAME CONTROL	mcs Jone	-3	Prince Ge	erges Gene	vel Hos	pik	
	Ċ	URIAL, CREMATION REMOVAL SPECIFY) Cremation	23b. DATE 4/2/85		George's Hosp				
		INERAL DIRECTOR Raleigh Cline, C	heverly, M	D°20785	MAY O	REC'D. BY REGISTRAR 2:	56. REGISTRAR'S S		

DHMH - 16 50M 4/83 (VRA 15, 4)

marked ar Item 18 shaws any injury, or ather troumotic event, th

IMPORTANT: If Item 21 is

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the buriol-transit permit. Then please remove carbon papewith the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal



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### STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.
ROBERSON.	April 4-13-85 6556
5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS

Cook

DECEASED NAME MARY TYPE OR PRINTS Τ. SEX 4 RACE

**Black** 1936 76 CITIZEN OF WHAT COUNTRY?

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

MARRIED K NEVER MARRIED WIDOWED DIVORCED

12b. KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

Md.

Ada

Leland Memorial Hospital Riverdale USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13o. STATE 13b. COUNTY

MIDDLE

(IF YES, GIVE WAR OR DATES)

USA

13c. CITY OR TOWN Hvattsville LAST

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13d. INSIDE CITY LIMITS? NO 15 MOTHER'S MAIDEN NAME

13e.STREET ADDRESS / ZIP CODE 3320 Toledo P1

MIDDLE

9. BALTIMORE CITY OR COUNTY OF DEATH

Unix

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

4 FATHER'S NAME James

No

(YES, NO OR UNKNOWN)

Md

troum

othe

shaws

8

morked or Item

CERTIFICATION

MEDICAL

0 5 Q.

0

prior Ony

the buriol-tronsit per ond Mental Hygiene

REGISTRAR

TO BIRTHPLACE (STATE OF FOREIGN

Washington.

18. CITY OR TOWN OF DEATH

L. 16g WAS DECEASED EVER IN U.S. ARMED FORCES?

P.G

18 CAUSE OF DEATH (Enter only one couse per line for to

IMMEDIATE CAUSE (c

D.C

Grant 16b. SOCIAL SECURITY NO 578-48-9942

Oueen 17 INFORMANT

ADDRESS Maryland Johnnie Roberson-3320 Toledo Pl. Hyattsville

Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.

PART I. DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEQUENCE OF

THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19a DATE OF OPERATION

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

10

206. IF YES, WERE FINDINGS USED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO [ NO

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY

(AT HOME STREET FACTORY OFFICE FARM ETC.)

21f LOCATION STREET

21c. HOW INJURY OCCURRED (FINTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

NOT WHILE AT WORK 22a.1 certify that (I) (this haspital) attended the deceased from 4.15 sow the deceased alive on\_ obove, (1) (we) (did) (did nat) view the body after death

DEGREE . PHYSICIAN

ADDRESS

Harmony Cemetery

ATTENDING MEDICAL DIRECTOR PHYSICIAN

Landover

CITY OR TOWN

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

STATE

22d PHYSICIAN'S NAME (TYPE OR PRINT

23b. DATE

4/17/85

23c. NAME OF CEMETERY OR CREMATORY

25a. DATE REC

COUNTY Maryland

24 FUNERAL DIRECTOR

Alexander S. Pope

23e. BURIAL, CREMATION, REMOVAL

226. SIGNATURE

(SPECIFY)

Burial

ADDRES Washington, D 2617 Penn. Ave., S.E.

DHMH - 16 50M 4/83 (VRA 15, 4)

detoch

should be deto FUNERAL

MPORTANT

MARY ROBERSON. E- INST Carelines my process. Endett my little in the property of the contraction of Ly la france. 12 - 12 - 13 - 17 - 27 - 5 - 2-57-5 the standard of the

### TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director. page 3 should be detached for use as the build-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE REGISTRAR

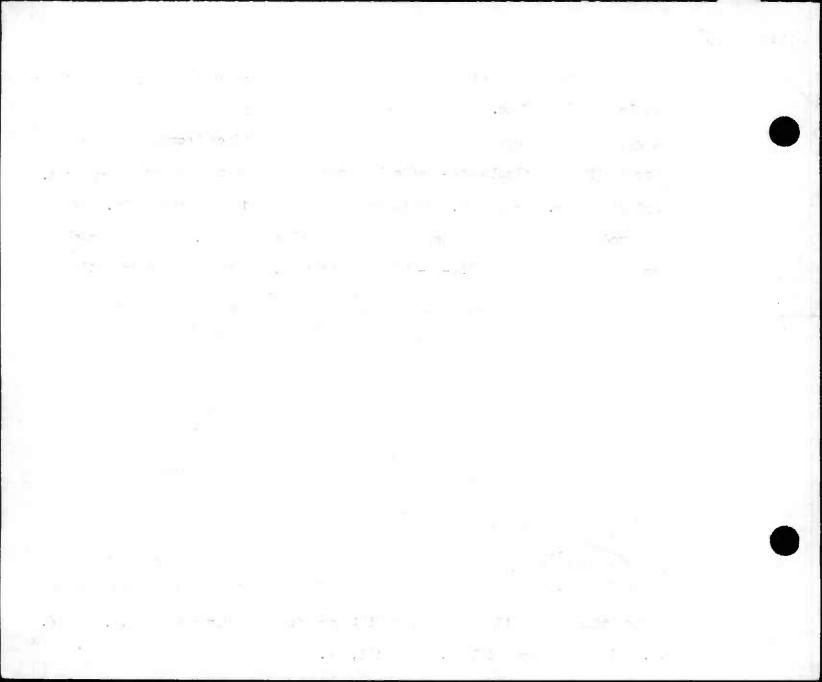
### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Î	2	3	9	9

REGISTRAR				CERTIFIC	AIE OF D	EAIN	REC	G. NO.		
1. DECEASED NAME	FIRST	N	IDDLE	LAST			2a. DATE OF DEAT	H MONTH	DAY YEAR	2b. HOUR
(TYPE OR PRINT)	VIRGIN	IIA MAI	2	ROBER	TS		APRIL 1	2, 198	5	9:45A
3. SEX		4. RACE	-	5. DATE OF	BIRTH		6. AGE (IN YEARS LA		IF UNDER 1 YEAR	IF UNDER 24 H
Female		Cauc.		MONTH 1	6 A	35	50	YRS	MONTHS DAYS	HOURS MI
7a. BIRTHPLACE (S	ATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8.		1000	9 BALTIMORE CIT			
Nevada		USA		WIDOWED (	X NEVER A	ORCED	Prince C	eorge		
10 CITY OR TOWN		11. NAME OF H	OSPITAL, NURSI	NG HOME OR			12a USUAL OCCU		126. KIND (	OF BUSINESS
Andrews A	FB	Malcolm	Grow Me	dical C	enter		Program	Analys	t Navy	
USUAL RESIDENCE 130. STATE Maryland	(IF NURSING HOME OF 13b COUR		13c CITY OR TOW Ft. Was	hington		NO 🗌	13e STREET ADDRE	ss / zip cou ntezum	DE Dr. 2	0744
14. FATHER'S NAME FIRST Fred		MIDDLE	Lane	15		MAIDEN NAM	ME MA	LE	Ro	ach
160 WAS DECEASE			166 SOCIAL SECT	URITY NO. 1	INFORMA	NT	Al	ODRESS		
no or unkno	WN) (IF YES, GI	VE WAR OR DATES)	546-42-	2266	Nichol	las I.	Roberts s	ame as		
18. CAUSE O	DEATH (Enter or ATH WAS CAUSE	nly one couse per	line for (o), (b), ar	nd (c).) CA	ומחדתם	IT MONIAD	Y ARREST		BETWEEN	XIMATÉ INTERVAL NONSET AND DEA
1 AMI II O	IMMEDIA	TE CAUSE (a)	Cardiopi	I monde	Arre	6				
PART 2 OTH  19a DATE OF  21a. ACCIDENT	er significant		INTRIBUTING TO				INAL DISEASE OR (	20b. IF Y	GIVEN IN PART 1  (ES, WERE FINDI	INGS USED
HE I							YES NO		YES	NO [
OR CONTRIBUTE	WAS UNDERLYING [ NG CAUSE OF DE	ATH HOUR A.	M. MONTH D		Σ1ε. HOW IN	JURY OCCURE	RED (ENTER NATURE OF	INJURY IN ITEM 18	B PART I OR PART 2)	
(IF EITHER NO 21d INJURY C	NOT WHILE AT WORK	21e PLACE ( (AT HOME STR	OF INJURY EET FACTORY OFFICE.		PIF_LOCATION STREET	N	СІТУ	OR TOWN	COUNTY	STATE
22a I certify	that (1) (this hosp	ital) attended the	deceased from.				to			, that (I) (we)
sow the obove, (	deceosed olive or (we) (did) (did no	ot) view the bady	ofter deoth.	55_, ond	thot in (my)	(our) opinion (	deoth occurred on t	ne dote and ho		
22b. SIGNATI	RE and	Rught	>	DE		TTENDING PHYSICIAN [	MEDICAL DIRECTOR PH	STAFF	1220 DATE	E SIGNED
22d. PHYSICI	N'S NAME (TYPE	OR PRINT;			22e ADDRES	S				
CAROI	RUPE, C	CAPT, USA					USAF MED	CEN AI	DREWS AT	FB MD
23a. BURIAL, CREM.				NAME OF CEA			23d LOCATION CITY OF TOV Suitle	VN	P.G.	STATE
Crema		4/13/8	5 Ce	dar Hil	LI Cre					Md.
24 FUNERAL DIRECT			ADDRESS			25a. DA	ENECOTA PROM	RART756. REGI	ISTRAR'S SIGNA	WE france
G.P. Kal	as 6160	Oxon Hil	1 Rd. Ox	con Hil	L, Md.	- 1		17		_

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



## DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

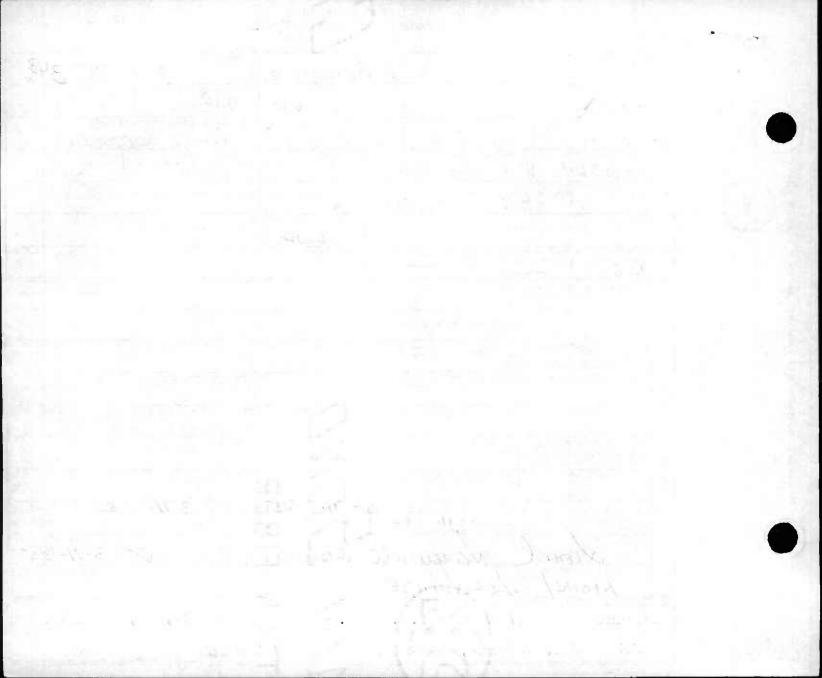
### STATE OF MARYLAND STATE OF MARYLAND A LICENSE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	has	dal	U	U

154	1 -	STATE REGISTRAR		oti Akin		ICATE OF DEATH	REG. NO	o.		
t to		EASED NAME FIRST DR PRINT)		MIDDLE	Roc	Frique 2	26. DATE OF DEATH	3 11	00	343 <sub>AN</sub>
9	SEX	female	4. RACE		5. DATE (		6. AGE (IN YEARS LAST BIR	MOP YRS.		URS MIN.
Jones 1	-	THPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED 🖔	9 BALTIMORE CITY O	RCOUNTY O	DR CE	S MD
be 10	CIT	HEVERLY		HOSPITAL, NURSIN CH FACILITY, GIVE STREET		DR OTHER INSTITUTION	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O		126 KIND OF BUINDUSTRY	
35	SU A	L RESIDENCE (# NURSING HOME OF ATE 13b COU		13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	00	000
160	FA	HER'S NAME FIRST	WIDDLE	EAST		15. MOTHER'S MAIDEN NA FIRST ANA	ME		LAST	
160 Joseph 160		AS DECEASED EVER IN U.S. AF	RMED FORCES? VE WAR OR DATES)	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS		
event, the	8-	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE IMMEDIA	nly ane cause pe ED BY: TE CAUSE (a)	r line far (a), (b), and	d (c).)				APPROXIMATE BETWEEN ONSE	INTERVAL I AND DEATH
Then please remove carb to burial, cremation, or njury, or ather troumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)_	DR AS A CONSEQUE						
to burie	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>C</u>	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(a)	
shows any i	CERTIFICATION	90 DATE OF OPERATION	196. COND	OITION FOR WHICH	OPERATIC	N WAS PERFORMED	200 AUTOPSY?		VERE FINDINGS NG CAUSES OF	
	3	216. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A	.M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
+ 0 °	WED	WHILE OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY OR TO		COUNTY	STATE
of He 21 is		226.1 certify that (1) (this hasp saw the deceased alive as above, (1) (we) (did) (did no	1	3-11-196	25	nd that in (my) (aur) apınian	, 10		nd from the cous	
State Dept.		226. SIGNATURE CLONE	l s	Lague	nte	M 2 ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC	F IAN (1)	3-//-	NED - 845-
should be with the S		220 PHYSICIAN'S NAME (TYPE	OR PRINT)	Lauin	TE	22e. ADDRESS				
147 [23	4.5	JRIAL, CREMATION, REMOVAI PECIFY) remation	23b. DATE 3/26/8		G. HO	EMETERY OR CREMATORY	Cheverly	, PG,	MD 20	785 <sup>ATE</sup>

DHMH - 16 50M 4/B3 (VRA 15, 4)

24 FUNERAL DIRECTOR Raleigh Cline, Cheverly, MD 20785 A DATE REC D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74

retained by the hospitol or

DHMH - 16 60M 7/84 (VRA 15, 4) 66

### FOR STATE

### STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	REGISTRAR		CERTIFICATE OF DEA	ATH	EG. NO.		
	ECEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DE.	нтиом НТА	DAY YEAR	2b HOUR
	CHARLE		ROGERS	Apr	il 8.	1985	12:00,00
3. SE	X	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
1_	MA,	WHITE	August 8, 191		Y	RS.	MIN.
7a B	TE OR FOREIGN	7b. CITIZEN OF WHAT COUN	MARRIE NEVER MAI	RRIED 9 BALTIMORE	ITY OR COU	INTY OF DEATH	
Ke	entucky	USA	WIDOWED DIVO	RCED   Prince		's County	<b>7.</b> MC
Fo	ort Washington	(IF NOT IN SUCH FACILITY, GIVE 8833 Oak La	ne	JTION 120 USUAL OCC (TYPE OF WORK FOR Salesma	MOST OF WORKI	NG LIFE) INDUSTRY	of BUSINESS OR Indust
13a. <b>M</b> a		VIY 13c. CITY OR	TOWN 134 INSIDE CITY Washingtons & N	∘ □ 8833 C	≀ESS / ZIP C ak Lan	code e (20744)	)
A	omer T. Rogers	MIDDLE LAS	Eula M.	T MI	DDLE	LA	ST
		E WAR OR DATES)	9-8440 June R.	Rogers - Sam	address e As #	13 A-E	
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for (a), (I	cinoma of Pharyn	v		APPROX BETWEEN	ONSET AND DEATH
TION			G TO DEATH BUT NOT RELATED TO				
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORM	ED 200 AUTOPSY YES □ NO	INCE	FYES, WERE FIND! ERTIFYING CAUSES YES [	NGS USED S OF DEATH? NO
1 8	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	RY OCCURRED (ENTER NATURE	OF INJURY IN ITEM	A 18 PART   OR PART 2)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FFICE, FARM, ETC.)  21f. LOCATION STREET	CIT	OR TOWN	COUNTY	STATE
	22a I certify that (I) (this haspi saw the deceased alive on		.19, ond that in (my) (au	19, to r) apinian deoth accurred an	the date and	, 19,	that (I) (we) last
	THE SIGNATURE J	Mykelle		NDING MEDICAL SICIAN DIRECTOR P	STAFF HYSICIAN [	22¢ DATE 4/9/	
	Victor S. Chur		22e ADDRESS 9131 Pi	scataway Rd.;	Clint	on,Md. 20	735
		pril 9 1985	23c NAME OF CEMETERY OR CREATERY Lee's Cremator	y Clint	on, Mai	ryland	STATE
84	UNERAL DIRECTOR Lee	Funeral Home	Inc.	250. DATE REC'D. BY REGIS	35R 25b. REC	GISTRAR'S SIGNAT	TURE

Carlotte Fully

### STATE OF MARYLAND

1	- 6	TATE	DEPARTMENT	OF HEALTH AND MENT	TAL-MYGIENE	
	F	REGISTRAR	MEDICAL EXAM	MINER'S CERTIFICA	TE OF DEATH REG. NO	D.
		EASED NAME FIRST	MIDDLE	LAST	20 DATE KNOWN &	MONTH DAY YEAR 76 HOU
		Robe	ert J.	Roon	DEATH MATED	11/2010 80 18
1	SEX	1. RACE	5. DATE OF BIRTH 6. AGE		INDER 24 HRS 21 DATE	MONTH DAY YEAR 24 GOU
	-	na	Vert 1/29 55	YRS. HO	URS MIN PRONOUNCED DEAD	11 20190 00
12 10	a. BIR	THPLACE (STATE OR EIGN COUNTRY)	76. OTIZEN OF WHAT COUNTRY?	8 MARRIED NEVER	MARRIED ON 9 BALTIMORE CHY O	OR COUNTY OF DEATH
7		Penna.	U.S.A.		NORCED DIPLINGE	Carroce Pi
7/00		Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING H		120. USUAL OCCUPATION (TYPE	E OF WORK 126 MID OF BUSINESS OR INDUSTRY
7.	K	iverdale	UF NOT IN SUCH FACILITY, GIVE STREET ADD		Por Most of Working Life) Draftsman	OK INDUSTRY
	a. ST		DR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AS	DMISSION)	7.	20712
1	0. 01	Med Rune	Georges M&R		0 1 28 N/ Gween	VChamel RI AM 3
1	I. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S	MAIDEN NAME MIDDLE	
100		Thomas	Rooney	FIRST	Saran	Loughran
16		AS DECEASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)  16b. SOCIAL SEC	CURITY NO. 17. INFORMAN	ADDRESS	3092-Rudor Hal
	(1)	Yes Kore	ean War	-OUOU TROMS	Rd. Riv	a. Md.
		18 CAUSE OF DEATH (Enter on	ly one cause per line far (o), (b), and (c)	),)	1: 1 6	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	- 1	PART I DEATH WAS CAUSE	DBY: TE CAUSE (o) ACUT	te Mys	caldial Pi	BETWEEN ONSET AND DEATH
5	- 1	IMMEDIA	( DUE TO, OR AS A CONSEQUE			
	- 1	Conditions, if ony, which				- L
5		gove rise to immediate cause (a) stating the under-	DUE TO, OR AS A CONSEQUE	NCE OF		
		lying cause last.	(0)			
		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDITION GIVE	EN IN PART 1 in	
	ž l	Alm .				
7	CATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	0?	20 AUTOPSY?
1	드	None-				YES NO TO
	CERT	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY	21c HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM 18 F	
46.	-	UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH P.M. 1	YEAR		
/	w. 1	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HO	ME, 211. LOCATION		
	×	WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
		AT WORK				
			e of the remains described above, held		spection , Inquiry , on	d in my apinian
		death resulted from: Natur	ral causes , Accident ,	Suicide , Homicide	Undetermined manner ,	
		ACTUAL /	001	TITLE (SPECI	FY)	DATE A -10 10 01
Z	1	SIGNATURE -	100	Derino Och	MEDICAL EXAMINER	SIGNED PVIL 201980
2		EXAMINED S NAME (TYPE OR PRINT)	0	0		
-	_			ADDRESS		
23	a. BU	RIAL, CREMATION, REMOVAL 2 ECHY) Urial	1 1- 1 0 1	F CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
2				Lincoln Com.	Brentwood P	r. Cet. Md.
4		WATERVS	F. H. Inc. Mt.	Reinier Ma	THE PARTY OF THE REAL PROPERTY OF THE PARTY	STRAIL S SIGNATURE

(VR A15 ME (5))

Md.

Lance of the state of the state

Do	FOR STATE REGISTRA
101127	1. DECEASED NA (TYPE OR PRINT)

completely filled in it. the limits and 2 should be filled with

### STATE OF MARYLAND & S DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DA	YEAR 2b. HOUR
Bron		Row	April 2, 1985	1:35p. M
3. SEX	4 RACE	5. DATE OF BIRTH  MONTH DAY YEAR		FUNDER LYEAR IF UNDER 24 HRS
Male	White	04 18 1917	67 YRS. M	DATS HOOKS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED XXNEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
West Virginia	U.S.A.	WIDOWED DIVORCED	Prince George's	MD.
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION EET ADDRESS)	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)  Route Manager	12b. KIND OF BUSINESS OR
Lanham	Doctors' Hospi	tal of Pr. Geo. Co.	Route Manager	Washington Star
Maryland 13b CP		Nam Hillis INSIDE CITY LIMITS?	4929 78th Avenue	20706
14. FATHER'S NAME  Leonard	MIDDLE ROW	15. MOTHER'S MAIDEN N		145L
		Hazel	Odessa	Palley
160 WAS DECEASED EVER IN U.S. A				78th Avenue
NO	235-18	3-9078-A Elma Row	(Wife) W. Lanham	
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (a), (b),		2 2 2	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ATE CAUSE (a) COnd	O KESPIRATO	RY ARREST	
	DUE TO, OR AS A CONSEC	QUENCE OF	1:	
Conditions, if ony, which gove rise to immediate	( 16) UENT	RICULAR Tachy	cardia	
couse (a), stating the	DUE TO, OR AS A CONSEC	QUENCE OF	is auditrombosis	1
underlying couse lost	( Coron	ary Allerosclus	n audilirom ory	
	CONDITIONS CONTRIBUTING T	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIVEN	N IN PART Tro
190. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
Slow C 190. DATE OF OPERATION			YES NOT YES	NG CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
OR CONTRIBUTING CAUSE OF D		19		
OR CONTRIBUTING CAUSE OF D  (IF EITHER NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFIC	E. FARM, ETC ) STREET	CHI OKTOWN	STATE
22a.l certify that (I) (this has	pital) attended the deceased from	March 5 75, 1985	- to April 2nd 19	, that (I) (we) lost
sow the deceased alive a	in April 2 100 19 not) view the body offer death.	ond that in (my) (our) apinio	n death occurred on the date and hour	and from the couses stated
226. SIGNATURE	0 11	DEGREE	,	22c. DATE SIGNED
Heten	9 Fyadle	MED ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
22d. PHYSICIAN'S NAME (TYPE		22a ADDRESS		
HEMA	P. YADLA	7726-F	INNISLANE LAN	HAM MA 20706
23a. BURIAL, CREMATION, REMOVA		C. NAME OF CEMETERY OR CREMATORY		
Burial		Fort Lincoln Cemete:		P.G. Maryland
24 FUNERAL DIRECTOR Francis Gasch's	Sons Funeral W	25a. DA	ATE REC'D. BY REGISTRAR 256. REGISTRA	
4739 Baltimore	Venue Hyattevil	le Md 20781	MR 4 1985 Granter All	widowing Print ANN

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etained by the haspital or

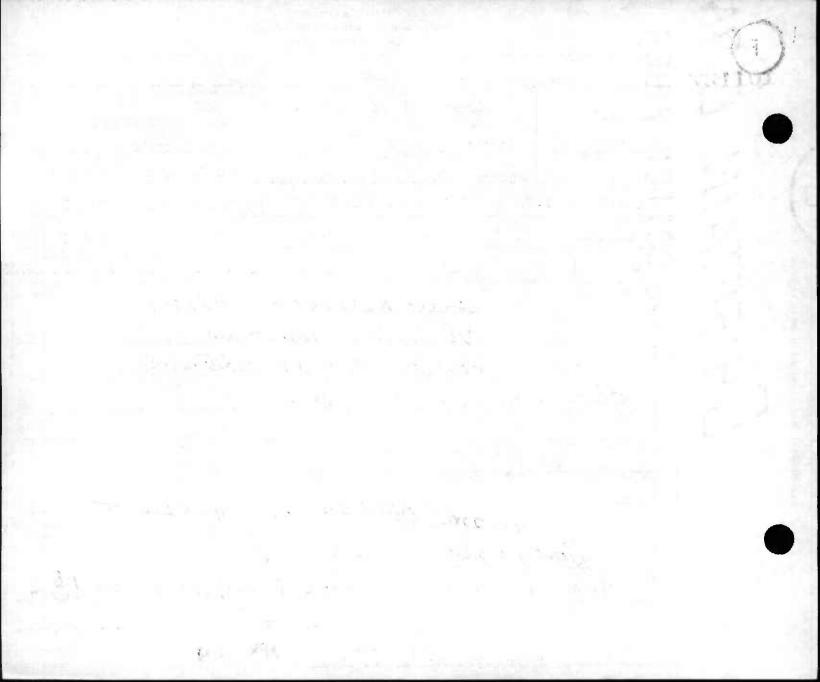
BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and a should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

any injury, or other troumotic event,

IMPORTANT: If them 21 is morked or Item

4739 Baltimore Avenue Hyattsville



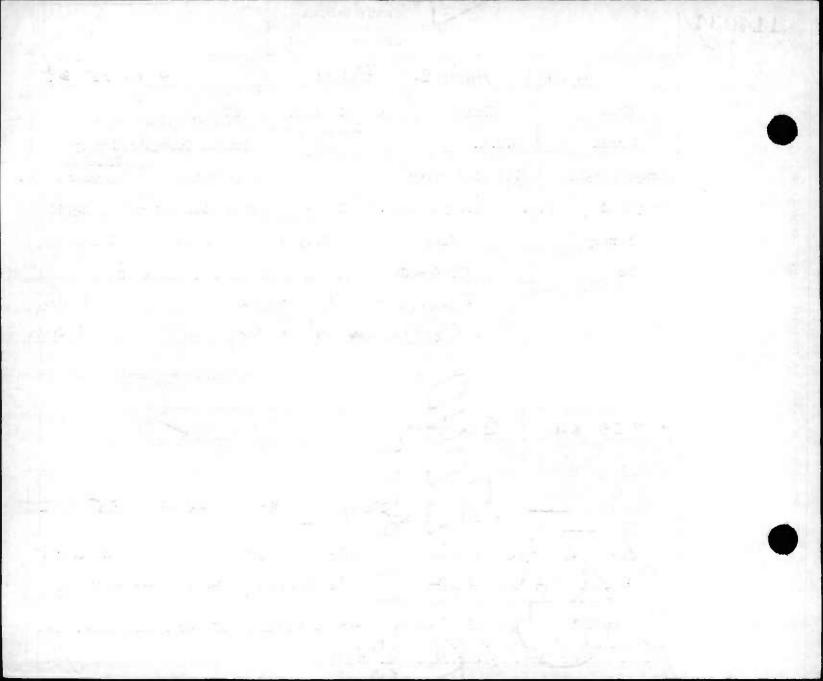
retained by the hospital or attending physician.

FOR

STATE OF MARTLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGI	ENE
CERTIFICATE OF DEATH	

١	1 -	REGISTRAR				CERTIF	ICATE OF DEATH	REG	. NO.				
Ì		CEASED NAME	FIRST	s /	Amédée		Ruel	20. DATE OF DEATH	4 1	3 85	26. HOUR 3 4 M		
Ì	3. SEX			4. RACE	11.16-6	5. DATE C		6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.		
I		Male		WI	nite	10	03 1924	60	YRS.	MONTHS DATS	HOURS MIN.		
1		RTHPLACE (STATE OF F	OREIGN	76 CITIZEN O	WHAT COUNTR	Y? 8	D NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH			
1		Canada		U.S.A	Α.	WIDOWE		Prince	George!	s Count	V MD.		
10. CITY OR TOWN OF DEATH  Berwyn Heights  OUTUBL RESIDENCE (IF NURSING HOME OR			11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  8717 63rd Avenue				Repairman    12a USUAL OCCUPATION   12 KIND OF BUSINESS OR   12 KIND OF						
1	Ma	aryland	P.	G.	Berwyn I			8717 63rd			0740		
1	4. FA	THER'S NAME FIRST		MIDDLE	ŁAST		15 MOTHER'S MAIDEN N	MADDE	E	LAS	ī		
1		Harvey			Rue1		Mary	Anı		Wild	e		
		(AS DECEASED EVER		MED FORCES? E WAR OR DATES)	166 SOCIAL SE	CURITY NO.	17 INFORMANT	AD	DRESS				
0		No			577-44-	-8360	Anne C. Rue	el (Wife) S	ame as	13e			
		18 CAUSE OF DEATH	H (Enter or	ly one couse p	er line for (o), (b),	ond (C).	Til			BETWEEN	MATE INTERVAL		
				E CAUSE (0)_	Kesal	ration	+a:11	LVS		1	day		
		DUE TO, OR AS MEONSEQUENCE OF							C	luss.			
		Conditions, if ony, which gove rise to immediate								eca s,			
		couse (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF											
ı		(c)											
Ì	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									3,		
1	ATIC	19a. DATE OF OPERAT	TION	19b. CON	DITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDIN			
1	CERTIFICATION	7-23-8	RAL		Laku	UE)		YES TO NOT	INCERTIFYING CAUSES OF DEATH?				
7	CERT	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY				X	21c HOW INJURY OCCU						
1		OR CONTRIBUTING		NIII	A.M. MONTH P.M.	DAY YEAR							
ı	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  21d. INJURY OCCURRED  21e PLACE OF INJU			E OF INJURY		211 LOCATION	CITYO	CITY OR TOWN				
ı	Σ	WHILE NOT WH	RK	(AT HOME S	STREET, FACTORY, OFFIC	E, FARM ETC )	SIREE		~		STATE		
١		220.1 certify that (1)	(the baye	ed) ottended	the deceased from	n	uly , 19	84 to A	jul	19_85	that (I) (we) fast		
ı		sow the decease above, (1) (we)	ed alive on		y ofter death.	37 . 01	nd that in (my) (***) opinio	on death occurred on th	e date and ha	ur and from the	couses stated		
ı		22b. SIGNATURE				DEGREE				22c. DATE SIGNED			
		sail K Wellelus					ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN				4-85		
		22d. PHYSICIAN'S NA	AME (TYPE		HUH	-	22e ADDRESS	Λ.	1	14116.00	110		
		HAICE		LOCZC	14017	-(-)	10 May	ray rou	) - 74	nnaps	(1)		
		URIAL, CREMATION,	REMOVAL	23b. DATE	23	C. NAME OF C	EMETERY OR CREMATOR	Y 23d. LOCATION CITY OR TOWN	N	COUNTY	STATE		
Į		Buria.		4/17/			Heaven Ceme		er Spri	ng Mont	. Md.		
J	24. FI	Tancis Gas	ch's	Sons F	uneral	ome, P.	A. 250 D	ATE REC'D. BY REGISTE		TRAR'S SIGNAT	URE		
1		739 Baltim						PR 1 8 1985			andalle		

DHMH - 16 50M 4/83 (VRA 15, 4)



ral director, page 3

FOR STATE REGISTRAR

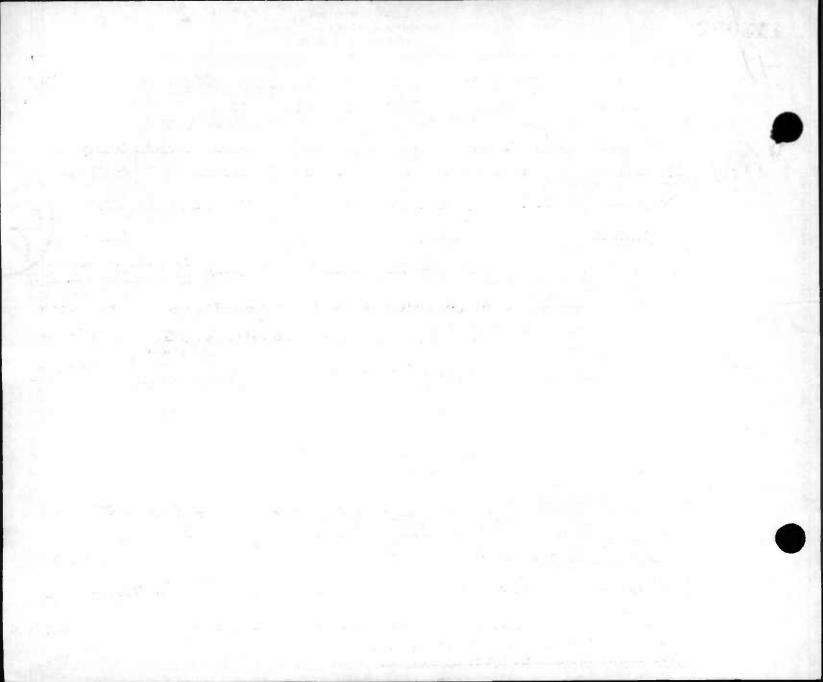
STATE OF MARYLAND	2
DEPARTMENT OF HEALTH AND MENTAL I	HYGIENE
CERTIFICATE OF DEATH	

	NEO IO / III III					REG. NO.				
	DECEASED NAME FIRST TYPE OR PRINT)	MIDDLE		AST	2a DATE OF	DEATH MONTH	DAY YEAR	26 HOUR		
1	Elizabe	th Berni	5. DATE C	ller	A AGE UNIVE	APRIC ARS LAST BIRTHOAY)	13 85	IF UNDER 24 HRS		
1,	Female	White	09"				MONTHS DATS	HOURS MIN.		
70		b CITIZEN OF WHAT CO	OUNTRY? 8	D X NEVER MARRIED	9 BALTIMOI	YRS RECITY OR COUNT	TY OF DEATH			
1	Minnesota	U.S.A.	WIDOWE			ce George	's Count	V MD.		
eπ		6000 42nd			12a USUAL C	CCUPATION FOR MOST OF WORKING WITE	126 KIND O	F BUSINESS OR		
-1-	Hyattsville SUAL RESIDENCE (IF NURSING HOME OR C			Apt. 503	House	wire	Own H	ome		
	Maryland 13b COUNTY		OR TOWN 11e	13d INSIDE CITY LIMI YES NO	13 6000 A	paress / ZIP COI 42nd Aven	ue 2078	32		
1	Richard "	Bra	adley	15 MOTHER'S MAIDE Celita	NAME	WIDDLE	Brenn			
16	(YES, NO ONE OWN) (IF YES, GIVE		1AL SECURITY NO. -16-6676A	Richard S	adler (So	n) 3904	Oliver S	treet Md. 20782		
	18 CAUSE OF DEATH (Enter an	y ane cause per line far io	1), (b), and (c)		P		APPROXII BETWEEN C	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Acuse My Candeal My Candeal								
	DUE TO, OR AS A CONSEQUENCE OF							lana		
	gave rise to immediate (b) A Ten o scherote was which									
	cause (a), stating the underlying cause last						4	Kano		
1		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
4		190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, V								
MEDICAL CERTIFICATION	19a DATE OF OPERATION	198 CONDITION FOI	WHICH OPERATIO	N WAS PERFORMED	YES [	200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO				
		HOUR A.M. MOI	NTH DAY YEAR	216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)						
	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME STREET FACTOR		21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE		
	22a.1 certify that (1) (this haspite	2.4 6	-		8-4_, to	4/13		that (1) (we) last		
ı	sow the deceased plive on abave, (I) (we) (did) (did not	sow the deceased alive an								
	Pen Ole	226. SIGNATURE  PRINCIPLE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								
	PNIA DE	VURE, MI	)	120 ADDRESS 4203 QUE	eensbury	Rd Hye	attsville	MD		
23	Bo BURIAL, CREMATION, REMOVAL  (SPECIES) REMOVAL  DONATION	23b DATE		EMETERY OR CREMAT	CITY	OR TOWN	COUNTY	STATE Maryland		
		4/13/85		cal Board	Balt	Baltimore				
2	Francis Gasch's S	ons Funeral	Home, P.A	25	ADD 4 O 4	GISTRAR 256 REGIS	STRAR'S SIGNATI	D. C.		
	39 Baltimore Avenue Hyattsville, Md. 20781   APR 18 1985   Washington-Rendelle									

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending play calls and a should be detached for use as the burnal training parms. Then please immore corban patters and the State Debt of Health and Merital Hyginis strain burnal, cremation, as seminared IMPORTANT; if them 21 is morthed or them 181 has any mjury, or other training.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the retained by the haspital or attending physician.



in by the funeral director, page 3

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# STATE OF MARYLAND

REGISTRAR		CERTIF	CATE OF DEATH		REG. N	10.			
1. DECEASED NAME FIRST	MIC	DDIE	AST	20 DATE	OF DEATH	MONTH	DAY YE	AR 2	h HOUR
Mar.	ian R	auth St.F	eter	Apri	11 1,	198	5	1	$5:15A_{M}$
3. SEX	4. RACE	5. DATE O			N YE ARS LAST BE	RTHDAY}	MONTHS D		IF UNDER 24 HRS
Female	White	Apri	$1 2^{\circ}7 1^{\circ}9^{\circ}2$	21		63 YRS.	MONTHS	AYS	HOURS MIN.
TO. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY? 8.	NEVER MARRIED	9. BALTIN	ORE CITY	OR COUNT	Y OF DEAT	Н	
New York	USA	WIDOWE			ce G	eorge	€		MD.
10 CITY OR TOWN OF DEATH		OSPITAL, NURSING HOME O	R OTHER INSTITUTION	12a USUA	L OCCUPAT	ION	12b. KIN		BUSINESS OR
Temple Hills		armer Place		Subs	titu	te	PG		of Edu
Mary land 13b. CO	UNTY		13d Inside City Limit Ses \rightarrow no \rightarrow	S?   13e.STREE   4304	ADDRESS Far	/zipcot	lace		20748
14 FATHER'S NAME			15. MOTHER'S MAIDE	NAME					
Herman	WIDDLE	oelke	FIRST	unobta.	inabl	.e		LAST	
160 WAS DECEASED EVER IN U.S.		6b. SOCIAL SECURITY NO.	17 INFORMANT		ADDR	ESS			
(IF YES, NO. OR UNKNOWN) (IF YES,	GIVE WAR OR DATES) 5	79-14-8924	Joseph I	F. St.	Pete:	r :	Same	as	#13
Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse last.  PART 2. OTHER SIGNIFICAN  PART 2. OTHER SIGNIFICAN  199 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING	DUE TO, OR /	AS A CONSEQUENCE OF  AS A CONSEQUENCE OF  NTRIBUTING TO DEATH BUT			ASE OR CON	20b. IF Y	ES, WERE FI	NDINO	
TE.				YES	NO		IFYING CAU	JSES C	NO [
710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMIT 71d. IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMIT AT WORK AT WORK	DEATH HOUR A.M. P.M. 21e. PLACE OF	MONTH DAY YEAR	21c. HOW INJURY OC	CURRED (ENTER	CITY OR TO		PART I OR PAR		STATE
270. I certify that (i) this too sow the deceased alive above, (i) (wolded) (did 27b. SIGNATURE  27d. PHYSICIAN'S NAME LITYE	on 3-2 p not) view the body of	tter death. [	d that in (my) (ow) opi	MEDICA	L STA	AFF CIAN []	22c. D	the co	ot (II (wo) lost puses stated
William Kei	nt Furst		11	Washir	rings agton			<u> </u>	20744

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carboir with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re-

injury, or other troumotic

IMPORTANT: If Item 21 is morked or Item 48 shows any

Burial
24 FUNERAL DIRECTOR

(VRA 15, 4)

Robert E Wilhelm Funeral Home

4-4-85

Cedar Hill Cemetery
ADDRESS Suitland, Md 250 DATE RECD

Julia Vairdson-Bords 12

Md

attending physician

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR
 STATE
DECICEDAD

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

į	2	0	1

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

-1		REGISTRAR			,	CERTIT	ICAIL OI	PEAIN		REG. N	Ю.				
1		CEASED NAME	FIRST		MIDDLE		AST		2a DATE OF	DEATH	MONTH	DAY	YEAR	2b. HOU	IR
1	(TYPE	OR PRINT	Edna		M. White	Sal	keld				04	12	85	5:05	A M
1	3. SEX	<		4. RACE		5. DATE C			6. AGE (IN Y	EARS LAST BI	RTHDAY)		THS DAYS	IF UNDER	24 HRS
J	, I	Female		Whit	e	Jul	y 6,	1906		78	YR		Ins DATS	HOURS	m in.
λ	7a. BII	RTHPLACE (514	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNTR	Y? 8	D NEVER	ALABBIED [	9 BALTIMO	RE CITY C	OR COU	NTY OF	DEATH	9011	140
1	T	vash.,	D.C.	U.S	.A.	WIDOWE		IVORCED		Pr	. G	eo.			MD.
1		TY OR TOWN O		(IF NOT IN SU	HOSPITAL, NURS	EET ADDRESS)	_	MOITUTION	120 USUAL O	FORMOST	OF WORKIN	NG LIFE)	126 KIND ( INDUSTRY	OF BUSINI	ESS OR
4	- 10	iverdale			Memorial		tal		Ret.	100	KKe	epe		140	
	13a. S	AL RESIDENCE (*) Ad.	13b COUN	ATY	130. CITY OR TO		13d. INSIDE (	NO [	13e STREET A	DDRESS	ZIP C	ode h S	(207 tree	,	
7	J4 FA	THER'S NAME						SMAIDENNA	ME					-	
1		Geoi	rge	MIDDLE	White		1	lanche		WIDDLE			Unkr		)
1	16a V	VAS DECEASED	EVER IN U.S. AR	MED FORCES?			17. INFORM			8 AUDR			Tay1		St.
١	,,	NO OR UNKNOW	(18 763,011	E WAR OR DATES	578-09	-1746	Zoe	S. Ne	wbold	Ar	lin	gto	n, V	a.	
	TION		couse lost	(c) CONDITIONS (	OR AS A CONSEC	O DEATH BUT		D TO THE TERM							
	CERTIFICATION	19a. DATE OF O	PERATION	196 CON	DITION FOR WHIC	CH OPERATIO	N WAS PERFO	DRMED	YES [	NO 🗌			VERE FINDI NG CAUSE:		TH?
1			AS UNDERLYING CAUSE OF DE	ATH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW II	NJURY OCCUR	RED (ENTERNA	TURE OF INJU	JRY IN ITEM	18 PART	OR PART 2}		
	MEDICAL	21d. INJURY OF	OT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFIC	E, FARM ETC )	211 LOCATI			CITY OR TO	OWN		COUNTY		STATE
		saw the d	eceased alive on we) (dub, (did no	41	the deceased from	85.0	DEGREE	) (our) apinion	Total I			Z. 19_ hour an		that (1) ( couses st	
4		226. PHYSICIAN	N'S NAME (TYPE C	OR PRINT	800	52	22e. ADDRE		MEDICAL	STA PHYSI	CIAN	<u> </u>	14/	12/	185
1		BURIAL, CREMA	TION, REMOVAL	23b. DATE	23	It. NAME OF C	EMETERY OR	CREMATORY	23d. LOC A	ATION OR TOWN					STATE
		Cremat	ion	4-16	-85	Pt. Id	ncoln	Crema			atwo		Pr.	Geo.	

Mt. Rainier, Md.

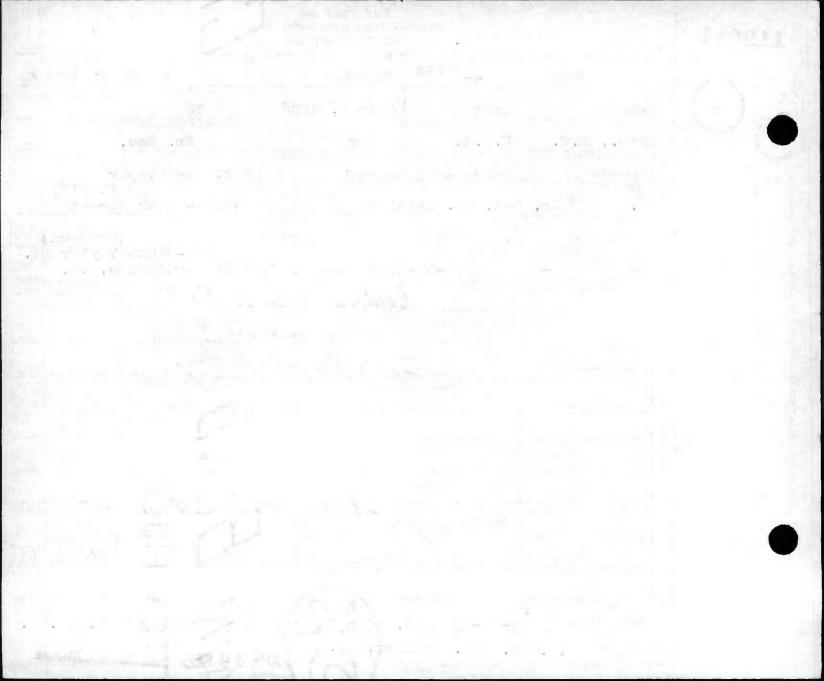
DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

Nalley's F.H.Inc.

etained by the haspital or attending physician

BP.



11307 poge 3 within 24 hi TO FUNERAL DIRECTOR: After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

injury, or other troumotic

morked or item 18 show

IMPORTANT: If Item 21 is

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DHMH - 16 60M 7/84

(VRA 15, 4)

FOR - STATE STATE OF MARYLAND S
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

						RE					
ECEASED NAME FIRST	M	IDDLE	L	AST		20 DATE OF DEA	TH MONTH	DA	Y YEAR	2ь. но	UR
(PE OR PRINT) Nancy		J.	Sat	terfield			04	15	85	3:	30 1
EX	4. RACE		5. DATE O		6	AGE (IN YEARS L	AST BIRTHDAY)		NINS DAY		R 24 HRS
Female	White	2	03	fo 1	928	56	YE	RS.		5 HOURS	MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8	D X NEVER MAR	DIED [	BALTIMORE C	ITY OR COU	NTYC	OF DEATH		
Pennsylvania	U.S.A	A.	WIDOWE		RCED 🗌	Prince		's			MD.
College Park	8007 Tr	OSPITAL, NURSING HEACILITY, GIVE STREET A CAVIS Lan	G HOME O ADDRESS) .e	OR OTHER INSTITU		USUAL OCCI (TYPE OF WORK FOR / Housewi		NG LIFE)		OF BUSING Home	NESS OR
UAL RESIDENCE (IF NURSING HOME OF STATE 1336 COL Maryland 136 COL	OR OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFORE 13. CITYOR TOWN College			~ L	8007 Tr	ess/zipc avis L	ode	207	740	
FATHER'S NAME Glea	M. AIDDLE	Craig	;	15 MOTHER'S M. Sar			E.		We	erry	
WAS DECEASED EVER IN U.S. A		166 SOCIAL SECUI	RITY NO.	17 INFORMANT		A	DDRESS	8	3007 ]	ravi	s Lar
WAS DECEASED EVER IN U.S. A VES. NO OR UNKNOWN) (IF YES. C	GIVE WAR OR DATES)	250-82-1	372	David S	atterf	ield (H	usband	) C	colleg	ge Pa	rk, N
IMMEDI		C ~ & J					0 77 1-	1			
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR  (b)  DUE TO, OR  (c)  CONDITIONS CO	AS A CONSEQUE	NCE OF	NOT RELATED TO	THE TERMIN	NAL DISEASE OR	CONDITION ? 20b. If	F YES,	WERE FINI	DINGS USI	ATH?
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR  (b)  DUE TO, OR  (c)  CONDITIONS CO	R AS A CONSEQUE  TION FOR WHICH	NCE OF	NOT RELATED TO	THE TERMIN	NAL DISEASE OR  200 AUTOPSY YES NO	CONDITION ? 20b. If	F YES, ERTIFYI	WERE FINI	DINGS US SES OF DEA NO	ATH?
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	DUE TO, OR  (c)  DUE TO, OR  (c)  TONDITIONS CO  19b. CONDIT	R AS A CONSEQUE  TON FOR WHICH  FINJURY M. MONTH DA	ENCE OF ENCE OF DEATH BUT OPERATION	NOT RELATED TO	THE TERMIN	NAL DISEASE OR	CONDITION ? 20b. If	F YES, ERTIFYI	WERE FINI	DINGS US SES OF DEA NO	ATH?
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ELECTRICAL EXAMINATION OF CONTRIBUTING CAUSE OF ELECTRICAL EXAMINATION OF COURTED  WHILE NOTIFY MEDICAL EXAMINATION OF COURTED  WHILE NOTIFY MEDICAL EXAMINATION OF COURTED	DUE TO, OR  (c)  DUE TO, OR  (c)  19h CONDITIONS CO  21h TIME OF HOUR A.A.  21e, PLACE C	R AS A CONSEQUE  TONTRIBUTING TO D  TION FOR WHICH  FINJURY  M. MONTH DA	OPERATION	NOT RELATED TO	THE TERMIN	NAL DISEASE OR  200 AUTOPSY YES NO D (ENTER NATURE O	CONDITION ? 20b. If	F YES, ERTIFYI	WERE FINI	DINGS US SES OF DEA NO	ATH?
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last:  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMINATION OF COURRED OF CAUSE OF E AT WORK AT WORK AT WORK AT WORK SOW the deceased of live cobove, (1) (we) (did (did))	DUE TO, OR  (c)  DUE TO, OR  (c)  19b CONDITIONS CO  19b CONDITIONS CO  21b. TIME OF HOUR A.A. P.A.  21c. PLACE C (AT HOME, STRE	R AS A CONSEQUE  TON FOR WHICH  FINJURY M. MONTH DA M.  DF INJURY EET FACTORY, OFFICE, FACT	OPERATION  AY YEAR  19  ARM, ETC.)	NOT RELATED TO  N WAS PERFORM  21c. HOW INJUR  21l. LOCATION STREET	THE TERMINAL OF THE TERMINAL O	NAL DISEASE OR  200 AUTOPSY YES NO D (ENTER NATURE C	CONDITION  ? 206. II IN CE	FYES, FYES, YES VES PAR	WERE FINING CAUS	DINGS USI SES OF DEA NO	STATE
Conditions, if ony, which gove rise to immediate couse (o', stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CORRED CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CONT	DUE TO, OR  (c)  DUE TO, OR  (c)  19b CONDITIONS CO  19b CONDITIONS CO  21b. TIME OF HOUR A.A. P.A.  21c. PLACE C (AT HOME, STRE	R AS A CONSEQUE  TON FOR WHICH  FINJURY M. MONTH DA M.  DF INJURY EET FACTORY, OFFICE, FACT	OPERATION  AY YEAR  19  ARM, ETC.)	NOT RELATED TO  N WAS PERFORM  211. LOCATION STREET  19  nd that in (my) (** DEGREE	THE TERMIN	NAL DISEASE OR  200 AUTOPSY YES NO D (ENTER NATURE C	20b. II IN CE	FYES, ERTIFYI YES MIS PAR	COUNTY  9 85  22c DA	DINGS USI ES OF DEA NO	STATE (Ne) lost
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last:  PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMINATION OF COURED MATING AT WORK AT WORK  210. I certify that (I) ASSOCIATED SOW the deceased of vive above, (I) (we) (did (did))	DUE TO, OR    DUE TO, OR   CONDITIONS CO   19h	R AS A CONSEQUE  TION FOR WHICH  FINJURY M. MONTH DA M.  OF INJURY EET FACTORY, OFFICE, FA  deceased from 19 ofter death.	OPERATION  APPLICATION  APPLICA	NOT RELATED TO  N WAS PERFORM  211. LOCATION STREET  19  nd that in (my) (** DEGREE	THE TERMINITED  RY OCCURRE  19 83  Fr) opinion de  ENDING YSICIAN	NAL DISEASE OR  200 AUTOPSY YES NO CITY  To APP  methoccurred on	P 206. II IN CE  OF INJURY IN ITEM  OF OR TOWN  The dote and  STAFF HYSICIAN	FYES, YES YES A 18 PAR	COUNTY  220 DA	DINGS USINGS USINGS OF DEAR NO	STATE  STATE  (Me) lost stoted
Conditions, if ony, which gove rise to immediate couse (o', stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE AT WORK (I) (we) (did) (did)  22b. SIGNATURE	DUE TO, OR  (c)  DUE TO, OR  (c)  19h CONDITIONS CO  19h CONDITIONS CO	R AS A CONSEQUE  R AS A CONSEQUE  TION FOR WHICH:  FINJURY  M. MONTH DA  M. MONTH DA  DF INJURY  et FACTORY, OFFICE, FACTORY,	OPERATION  AY YEAR  19  ARM, ETC.)  Jan.	NOT RELATED TO  N WAS PERFORM  21c. HOW INJUR  21l. LOCATION STREET  19  DEGREE  ATTI PHY  22e ADDRESS	THE TERMINITED  RY OCCURRE  19 83  Fr) opinion de  ENDING YSICIAN	VAL DISEASE OR  200 AUTOPSY YES NO CITY  To APP  media of the courred on  MEDICAL DIRECTOR P	CONDITION  P 206. III IN CE  Y OR TOWN  STAFF HYSICIAN	F YES, YES	COUNTY  220 DA	DINGS USINGS USINGS OF DEAR NO	STATE  STATE  (We) lost stoted

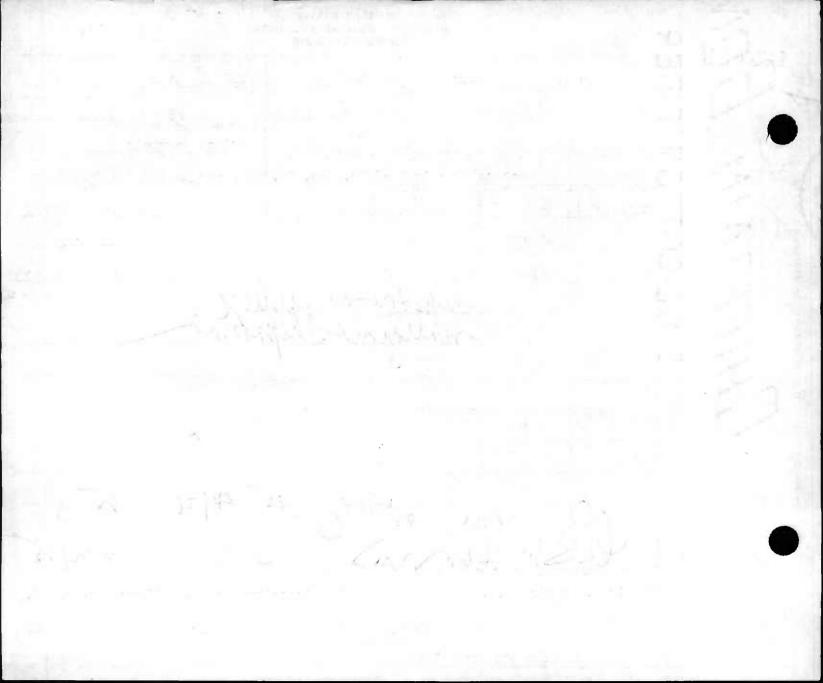
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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	FOR STATE REGISTRAR				EALTH AND MENTAL HYGICATE OF DEATH	GIENE	12 4 REG. NO.	09	•
		CEASED NAME FIRST	MIDO	N.E.	LA	AST	20 DATE OF		DAY YEAR	2b HOUR
	(TYPE	John	Pet	er	SCAN	NLON	April	21, 1985		5:15P M
	3. SE)	X	4 RACE	5.	DATEO			ARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		Male	White	N	NONTH	19 1911		73 YRS.	MONTHS DAYS	HOURS MIN
0	70 BII	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY?		NEVER MARRIED	9 BALTIMO	RE CITY OR COUNT		
7		W York, N.Y.	USA		VIDOWE		Prin	ice George	e's	MD.
3	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING I	HOME O	Pr. Geo. Co.	12a USUAL C	occupation for most of working prologis	126 KIND O INDUSTRY	eather
11	USUZ	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADA			S			- CLICI
5		aryland P		District	Ht	SEE NO D		Gateway		20747
	at FA	THER'S NAME	Militar	1457		15. MOTHER'S MAIDEN NA	ME	WEOR	(A)	
H	1	John T	homas	Scanlo	n	Adele		Control of the contro	Steph	
,	16s. W	WAS DECEASED EVER IN U.S. AR		SOCIAL SECURIT	YNO	17 INFORMANT		ADDRESS	7	
	Y		3-1946	109 01 5	471	Catherine	Jane	Scanlon	Same	as #13
	TION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT	CONDITIONS CON							
7	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITIO	N FOR WHICH OP	PERATION	N WAS PERFORMED	200 AUTO	IN CERT	ES, WERE FINDIN TIFYING CAUSES YES [	
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		MONTH DAY	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NA	TURE OF INJURY IN ITEM 18	8 PART   OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	b. (1018)/	19	211 LOCATION				
	MEC	WHILE NOT WHILE		FACTORY, OFFICE, FARM	A ETC )	STREET	- 44	CITY OR TOWN	COUNTY	STATE
		22a.1 certify (not (1) (this hosp saw the decented of the or above, (1) (ve) (did) (fild no 22b. SIGNATURE	view the God off	eceosed from 19		DEGREE ATTENDING PHYSICIAN	MEDICAL	d an the date and he		
		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS				
		Lewis H. Denn				831 Univers:			ver Spr	lng, Md.
	23o. 8	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCA	OR TOWN	COUNTY	STATE
		Burial	24Apr8	5 Mar	yla	nd Veterans	Che	ltenham	pg	MD
1		UNERAL DIRECTOR		ADDRESS		land, Md 250. DA	TE REC'D. BY R	EGISTRAR 256. REGI		
	Ro	bert E Wilhe	lm Funer	al Home	2	IAPI	1301	dos Grain	Deindry	Gandelle "

DHMH - 16 60M 7/B4 (VRA 15, 4)



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	95
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs a retained by the haspital or attending physician.
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely lishould be detached far use as the burial-transit permit. Then please remave carbon popers. Pages 1 and 2 shawith the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar remaval.

IMPORTANT: If them 21 is marked as them 18 stowes any injury, as other traumotic event, the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CEL

RTIFICATE OF DEATH	REG. N	NO.	J.			
LAST	2n DATE OF DEATH	MONTH	DAY	YEAR	2h HOUR	

1	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO				
	DECEASED NAME FIRST	A	AIDDLE	· ·	AST		ONTH	DAY	YEAR	2b. HOUR
1	TYPE OR PRINT)	MARY	Ellen		SCANNELL		04	23	85	2 25AM
1	SEX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTH	DAYI		ER T YEAR	IF UNDER 24 HRS.
	Female	White		May	16, DA 1894 YEAR	90	YRS.	MONTHS	DAYS	HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN New Jersey	76. CITIZEN OF V	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY OR PRINCE GEOR	COUN			MD
10	CHEVERLY				DROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WHOUS EW		LIFE) INC	KIND O	F BUSINESS OR
13	SUAL RESIDENCE (IF NURSING HOME) MINISTRAL (136 MIN	e or other institution DUNTY Ontgomery	GIVE RESIDENCE BEFORE  134. CITY OR TOW  Rockvil	N	13d INSIDE CITY LIMITS? YES X NO [	13e STREET ADDRESS / 338 Broady	zip coi vood	Dri	ve 2(	)851
14.	Patrick	MIDDLE	Degnai	n	Catherine	WIDDLE		Cav	anau	gh
16	WAS DECEASED EVER IN U.S.	ARMED FORCES? . GIVE WAR OR DATES)	145-10-1		Katharine (	Coles same a	_			
	18 CAUSE OF DEATH (Enter PART). DEATH WAS CAI IMME!  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DIATE CAUSE (0)  DUE TO, OI	861	SI =	54MD1	2001£	<u></u>		46	MATERINTERVAL physician Death 8 Hrs
CEDITIES ATION		bone	chee	mo	NOT RELATED TO THE TERM  I S  N WAS PERFORMED	10 AL DISEASE OR COND  200 AUTOPSY?  YES NO	20b. IF Y		E FINDIN	IGS USED OF DEATH?
ASOLCAL CED		DEATH HOUR A.	m, month da m.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN STEM TE	PART TOR	PART 2]	
AACT	214 INJURY OCCURRED  WHILE NOT WHILE	21e. PLACE ( (AT HOME, STR	OF INJURY SEET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR TOW	2	- 0	YTAUC	STATE
	27s.1 certify tot (I) (It is to saw the percented at obay (I) we) (did to 27s. SIG Lange	ospital) attended to the bady	deregoed from 19 (	15	DEGREE	death accurred on the dat	4		from the	
	THE PHYSICIAN SNAME (IN	Silen	mo		700 CAGE	DIRECTOR   PHYSICI	-	CA	BE	NASO
	BURIAL CREMATION, REMOV		85 St	t. Cat	herine's Ceme					
24	1331 Rockville	Wheeler F Pike, Roc	u neral Ho kville, Mo	ome, d. 208	Inc. 250 DAT	E RES'D, BY REGISTRAR 2	Sh. REG!	STRARIS	SIGNAL	updage.

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
I. DECEASED NAME FIRST	MIDIOLE	LAST	2a DATE OF DEATH MONTH	DAY YEAR 26 HOUR
CHARLES	F. SC	HWAN JR	April	5 85 9:480
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
Male	White	March 12, 1917	68 YRS.	
TO. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
New York	U.S.A.	WIDOWED DIVORCED	Prince Georges	S MD.
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING	LIFE) GONSULTING FIT
Greenbelt	Greenbelt Nurs	sing Center	Consultant	for U.S. Gov't
USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BER			
Maryland P.	.G. Lanham	OWN 13d INSIDE CITY LIMITS	6722 Cathedral	Avenue 20706
14 FATHER'S NAME	MIDDLE	15 MOTHER'S MAIDEN		1467
Charles Freder	ick Schwan, Sr.	Mary FIRSTEll	en	Murtaugh
60 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,		CURITY NO. 17 INFORMANT	ADDRESS	
Yes WW	GIVE WAR OR DATES)	2897 Charles F	Schwan III Same	20 130
	only one couse per fine for (a), (b),		ochwan III Same	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAU	ISED BY:	- 11/- 1	luces Oliver	
IMMED			7	7
	DUE TO, OR AS A CONSEC	QUENCE OF	0.000 00 /:	6
Conditions, if ony, which gove rise to immediate	(b) (COV)	mulmonele	acces coupons	- Dunch
couse (o), stoting the	DUE TO, OR AS A CONSEC	QUENCE-9F	<i>*</i>	
underlying couse lost.	10 keer / f	luca		
	T CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION G	OVEN IN PART 110
@ artenoicles	The bead al	pean to ola Ku	10 cadas ( a fare	<i></i>
5 190 DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PERFORMED /		ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
TO TENDICLES  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING				YES NO
	LIGUE A M. MONTH	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18	3 PART I OR PART 2)
OR CONTRIBUTING CAUSE OF	DEMIN	19		
OR CONTRIBUTING CAUSE OF  (IF EITHER NOTIFY MEDICAL EXAM)  21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		
WHILE NOT WHILE D	( AT HOME, STREET, FACTORY, OFFIC	CE, FARM ETC ) STREET	CITY OR TOWN	COUNTY STATE
	spital) attended the deceased from	m term for 198-	3 Hora 52	that (I) (we) lost
sow the deceased olive	on Alune 4x 19	A Cr	ion death occurred on the date and ha	
22h. SIGNAJURE	not) New the body ofter death.	DEGREE		22c. DATE SIGNED
(/les	7	ATTENDING	G & MEDICAL STAFF	Am 54 198
22d. PHYSICIAN'S NAME	E OR PRINT)	22e ADDRESS 115		7
Till Bergem	ann		enbelt, Md. 20770	
230 BURIAL, CREMATION, REMOV	AL 23b. DATE 23	R. NAME OF CEMETERY OR CREMATOR		
Cremation	4/9/85 F	ort Lincoln Gramat		G. Maryland

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the futurial should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 with the State Dept. at Health and Mental Hygiene priar to burial, cremation, ar removal.

MPORTANT: If Hem 21 is marked or Item 18 shows any injury, ar other troumatic event, the medical examines massive earlied. The

24 FUNERAL DIRECTOR 4739 Baltimore Ave. Hyattsvilles Date Rec'd. By Registrar 256. Registrar 256. Registrar 256. Registrar 256. Party Handles Francis Gasch's Sons Funeral Home Md. 20781 APR 1 1 1985





requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the haspital or attending physicion.

119097

FOR - STATE REGISTRAR

#### STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	3. SE:	X	4 RACE		5. DATE OF BIRTH		6 AGE (IN YEARS)	AST BIRTHOAY)	IF UNDER I YEA	R IF UN OER
	5 02	Male	Whi	te		1894		91 YRS.	MONTHS DAYS	HOURS
35		IRTHPLACE (STATE OR FO	Contract of the contract of th	S.A.	MARRIED NET	VER MARRIED DIVORCED	PRINCE (			
86		ITY OR TOWN OF DEAT	H 11. NAM	NE OF HOSPITAL, NURSIN IT IN SUCH FACILITY, GIVE STREET THERN MARY L	NG HOME OR OTHER	INSTITUTION	12a. USUAL OCC	UPATION	12b. KIND LIFE) INDUSTR	OF BUSINES
35	13a. S	AL RESIDENCE (IF NURSING STATE Md.	IS COUNTY Pr. Geo	13c CITY OR TOW	e ADMISSION) /N /ille YES X	DE CITY LIMITS?	13e STREET ADDI 7420 -	RESS / ZIP COI Marlt	DE (20 Doro P	0747) ike
0	14 FA	ATHER'S NAME FIRST	(Unknow			HER'S MAIDEN NA	Jnknown	POLE		AST
1		WAS DECEASED EVER II	U.S. ARMED FOR (IF YES, GIVE WAR OR D WW I			rene D.		5801-I Bethes		ranch
		Conditions, if any,		(b)	nu	UCE	mar	1 acc	uje	20
9	IFICATION	couse (0), stating underlying cause  PART 2 OTHER SIGN.  BH 2	the DUE	TO, OR AS A CONSEQUI 181		4.5/PL	NINAL DISEASE OF	02/	EN IN PART IN	Doct Edition
999	MEDICAL CERTIFICATION	couse (a), stating	the DUE lost.  HICAGIT CODURTED  ON 19k II  BITPING 1 THE II  WITE OF DEATH  KLEARANNES  D 21k II  Anis hospital attention  Tally op  d Lind Mat is well to	INS CONTRIBUTION TO SECONDITION FOR WHITE THE CONTRIBUTION FOR WHITE THE CONTRIBUTION OF THE P.M. PLACE OF INJURY ONE STREET FACTORS OFFICE F	AV YEAR 216 HO	WINJURY OCCUR  ATION  THE TOTAL PRINTER  ATTENDING  PHYSICIAN	100 AUTOPSY VES NO RED     NO death odurred an	2 Jab. IF YI IN CERT	COUNTY	street (I) (w

DHMH - 16 60M 7/B4 (VRA 15, 4)

#### STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X 2b. HOUR LIVEE OR PRINTS OF 1985 DEATH MATED Barbara Sellman 20 IF LINDER 1 YR. 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 10:07 53 BLACK DEAD 20 185 FEMALE 76. CITIZEN OF WHAT COUNTRY? a BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. XXX Prince George's County, D.C. WIDOWED DIVORCED CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION STYPE OF WORK 1126. KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Prince George's General Hospital Cheverly SUAL RESIDENCE (IF IN NURSIN HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS 3a STATE COUNTY 13d INSIDE CITY LAMITS2 Stanton Rd. WASHINGTON YES 🗔 D.C. NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST FOWLKES MARIE MASON ROLAND District Weights , Maryland 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) MARIE MASON 6415 Walker Mill 216-60-9674 NO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries MMEDIATE CAUSE (a)\_ DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIAL lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN ECUTE THE CERTIFICATE, WRITING THE WORD "PENDIN GE 4 SHOULD BE FORWARDED TO THE CHIEF MEDIC PENDERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A INFO BEATH, WITH THE STATE DEPARTMENT OF HEALTH (ATMORE, MARYDAND, 21201 PRIOR TO BURIAL, CREM. 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO 210. EXTERNAL CAUSE WAS 116. TIME OF INJURY HOUR AND MONTH DAY YEAR 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR ASSETS CONTRIBUTING CAUSE OF DEATH 9:20.M. 20 19 85 Driver in auto/auto impact 21e PLACE OF INJURY (ATHOME 21d INJURY OCCURRED 211. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE John Hanson Hwy road CO. MD 22a. I certify that I took charge of the remains described Autopty Inspection and in my apinian death resulted frum Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 4/21/85 M. Acting Chiefhedical EXAMINER SIGNATURE EXAMINER'S NAME EXECUTION PAGE 4 PAGE 4 PAGE 10 PAGE 1 Thomas D. Smith, M.D. 111 Penn St. Balto.MD. TYPE OR PRINT ADDRESS 23d LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY

**DHMH - 17** (VR A15 ME (5)) BURIAL

74. FUNERAL DIRECTOR Annapolis, Mdogess21401 WILLIAM REESE & SONS MORTUARY, P.A.

4-27-1985

PINELAWN MEM. PARK Annapolis

Maryland

a Davidson Acres 22

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

E-1-12

completely filled in by the

attending physician

		FOR	
- STATE	1		

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1.	REGISTRAR				CERTIF	ICATE OF DEATH	RE	G. NO.			
	CEASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF DEA		DAY YEAR	2b HOUR	2.0
(ITP)	OR PRINT)	HELEN		D.	SENI	ECAL		4/15	/85	7:52	a.m.
3. SE	х		4. RACE		5 DATE C		6 AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HI	
	Female		White		Janu	20 2000	63	YRS		HOURS MI	N.
	PTHPLACE (STAT	TE OR FOREIGN		WHAT COUNTRY?	8.		9 BALTIMORE C				_
A 14. 11.	ryland		U.S	.A.	WIDOWE	D NEVER MARRIED DIVORCED	PRINCE	GEORG	E'S CO	UNTY	MD.
0 C	ITY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCU			F BUSINESS	OR
	LINTON		SOUTHE	RN MARY	LÄND	HOSPITAL	Manage			D.A.	
USU.	AL RESIDENCE (# STATE	NURSING HOME OF		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET ADDR	ESS / ZIP CO	DDE		
M	aryland	P.G	.Co.	Temple H	ills	YES 🔀 NO	3703 Br	inkley	Rd. / 20	748	
14. F	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	215	1.4		
	Robert	_	MIDDLE	Wible		Ruth	E.	DIE	Filly	51	
16a \	WAS DECEASED E			16b SOCIAL SECU	RITY NO.	17. INFORMANT		DDRESS			_
(	NO OR UNKNOW	N) (IF YES, GIV	(E WAR OR DATES)	577-22-2	544	Elaine Wood	(Daughte:	r) Same	as # 13	3.	
	18 CAUSE OF E	EATH Enter or	nly one couse per	line for (a), (b), and	dici. n				APPROX BETWEEN	MATE INTERVAL	н
	PART I. DEA	TH WAS CAUSE IMMEDIA	TE CAUSE (0)	Dutra	cerel	real haen	Crryco				Test 1
			DUF TO O	R AS A CONSEQUE	NCF OF		4		94-01		
	Conditions, if	ony, which	( b)_						-		400
	gove rise to		DUETO	r as a conseque	NICE OF					1000	1
	underlying o	ause last	100010.0	K A3 A CONSEQUE	IVEL OI						
	PART 2 OTHER	SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN PART 10	0	
NO		H	Martin	20-							
CERTIFICATION	190. DATE OF OF	PERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY		YES, WERE FINDI		_
FF	4-13.	-85	90	Tracerih.	ral 6	naemorrye	YES T NO		TIFYING CAUSES	NO T	
ERT	21a. ACCIDENT WA	AS UNDERLYING	7 21b. TIME C	F INJURY		21c. HOW INJURY OCCUR					_
	OR CONTRIBUTING	CAUSE OF DE									
MEDICAL	21d INJURY OC	MEDICAL EXAMINE	P. PLACE	M.	19	21f LOCATION			_		_
MEE		OT WHILE		REET, FACTORY, OFFICE, FA	ARM, ETC }	STREET	CITY	OR TOWN	COUNTY	STATE	
	AT WORK	AT WORK			14 11	10 0 =			0 =		
				e deceosed from_	82 0	- 12 , 19 X 5	, to	- 15		that (I) (we) I	ost
	obove, (1) (	ceosed alive an we) (did) (did no	t) view the body	after death.	<u></u>	nd that in (my) (our) opinion	death accurred on	the date and h	our and from the	couses stated	
	226. SIGNATUR	E		1 . 1 . 1	20	DEGREE			22c. DATE	SIGNED	
	NW	mala 11	m 1-6	mheim	1007	ATTENDING PHYSICIAN	DIRECTOR   PI	STAFF HYSICIAN	14-	15 6	7
	22d. PHYSICIAN	'S NAME (TYPE				22e ADDRESS	1	1	1	1 0	
	NIRI	MACA	KHOP	FERNBA	1041	7726 1-1	uns la	ne Lat	20786	-CX	
23a	BURIAL, CREMAT	ION, REMOVAL	23b DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE	
	Burial		April/	18/85 Ft	. Lin	coln Cemetery				Maryla	nd
24 F	UNERAL DIRECTO	OR		4DORG:			E REC'D. BY REGIS			TURE	

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attent should be detached for use as the burial-transit permit. Then please remove a with the State Dept, of Health and Mental Hygiene prior to burial, cremation,

retoined by the haspital or

BP.

If hem 21 is marked or Item 18 sh

IMPORTANT

Chambers Funeral Home Riverdale, Maryland

APR 2.3 1986

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Parkin griffite on the decompany freezons to the markets

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR - STATE 106084

poge 3

#### STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

RFG.	NO

	CEASED NAME	FIRST	M	IDDLE	LA	ST	2a DATE OF D	EATH M	ONTH	DAY YEAR	2b HOLL	R
							10 01112 01 0			DA!		
(TYPE	OR PRINT)	Agnes		Marie	Sei	nseney	April	10,	1985		7:0	<b>7</b> A
3 SEX	(		4 RACE		5. DATE OF		6 AGE IN YEA	RS LAST BIRTH		IF UNDER 1 YEAR		
1	Female		White		MONTH	4. 1931 YEAR	53		YRS.	MONTHS DAYS	HOURS	WH
	RTHPLACE (STATE O	R FOREIGN		VHAT COUNTRY?	2 8		9. BALTIMORE	CITY OR		OF DEATH		
C	country)		U.S.	l.	WIDOWE	NEVER MARRIED DIVORCED	Prince	Cent	reels	Count	v	-
_	TY OR TOWN OF D	ATH	11. NAME OF H	OSPITAL, NURSI	NG HOME OF	R OTHER INSTITUTION	12a USUAL OC	CUPATIO	Ν	12b. KIND	OF BUSINE	550
_	anham		7021 K	epner Co	urt		Regist				1th C	ar
USUA 13a. S	AL RESIDENCE (IF NU STATE	RSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	re admission) NN	13d. INSIDE CITY LIMITS?	13e.STREET AD	DRESS / 2	ZIP CODE			
Mai	ryland	P.G		Lanham	ii.	YES 😿 NO 🗌		epner	Cou	rt 207	06	
14. FA	THER'S NAME		WIODIE	LAST		15. MOTHER'S MAIDEN NA		MIDDLE			AST	
Jai	mes		V.	Arnol	d l	Agnes		arie			gle	
16a. W	VAS DECEASED EVE	R IN U.S. AR	MED FORCES?	16b. SOCIAL SEC		17 INFORMANT		ADDRES	S Add	ress S		S
No	YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	215-28-	5275	Mr. Edward	C. Sense	ney	No#	13e.		
	PART I. DEATH										100	
	Conditions, if an gove rise to it cause (a), stat underlying cau	y, which nmediate ting the se last	DUE TO, OR  (b)  DUE TO, OR  (c)	AS A CONSEQU	Mest	of facility  Cancel  NOT RELATED TO THE TERN	MINAL DISEASE	OR COND	ITION GIV	VEN IN PART	M.	_ _ _
TIFICATION	gove rise to in couse (0), sta- underlying cou	y, which nmediate ting the se last	DUE TO, OR  DUE TO, OR  DUE TO, OR  (c)  ONDITIONS CO	AS A CONSEQUENTRIBUTING TO	CLÉT (	MOT RELATED TO THE TERM	20a AUTOP		20b IF YES	S, WERE FIND FYING CAUSE	INGS USED	H?
CAL CERTIFICATION	gove rise to in couse (o), storunderlying cou	y, which namediate ing the se last GNIFICANT C	E CAUSE (0)  DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  19b. CONDIT	AS A CONSECUTION FOR WHICH	DEATH BUT I	N WAS PERFORMED	20a AUTOP	SY?	20b IF YES IN CERTIF YE	S, WERE FIND FYING CAUSE ES	INGS USEE S OF DEAT NO	H?
MEDICAL CERTIFICATION	gove rise to in couse (0), storunderlying could part 2 OTHER SK	y, which mediate ing the se lost SMIFICANT CATION  NOERLYING CAUSE OF DEA DICAL EXAMINER RRED	E CAUSE (0)  DUE TO, OR  (b)  DUE TO, OR  (c)  19b. CONDITIONS CC	AS A CONSEQUENTRIBUTING TO	DAY YEAR	N WAS PERFORMED	200 AUTOP YES THE RRED (ENTER NATU	SY?	20b IF YES IN CERTIF YE	S, WERE FIND FYING CAUSE ES	INGS USEE S OF DEAT NO	H?
	gove rise to in cause (a), statunderlying cau  PART 2 OTHER SIG  19a DATE OF OPER  21a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY ME 21d. INJURY OCCU WHILE NOTIFY ME 22a.1 certify that	y, which namediate ing the se last GNIFICANT CATION  NOERLYING CAUSE OF DEADICAL EXAMINER RRED  WHITE CORK	E CAUSE (0)  DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  19b. CONDITIONS  TH HOUR A./  21e. PLACE ( (AT HOME, SIR	AS A CONSECUTION FOR WHICH	DEATH BUT IN HOPERATION	211 LOCATION STREET  d that in (my (our) apinior	YES DENTER NATU	SY?	20b IF YES IN CERTIF YE IN ITEM 18 F	S, WERE FIND EYING CAUSE S  PART I ORPART?	NO C	H?
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DHMH - 16 50M 4/B3 (VRA 15, 4)

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TO HOSPITAL

BP.

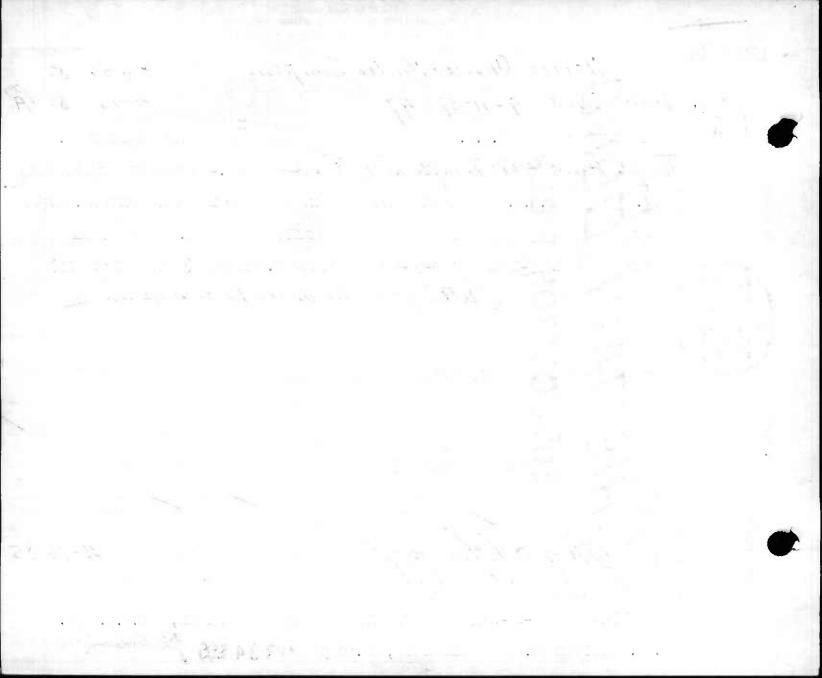
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 2 4 1 6

n	00	NIC	

-	10606	1	REGISTRAR	ME	DICAL EXAMINER'S	CERTIFICATE OF	REG. NO.	
	LOGGO	71.00	CEASED NAME FIRST FLOREI	VICE 1	REBECCA	SHADE	20. DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY YEAR 25 HOUR
	E E E E E E E E E E E E E E E E E E E	D. SEX		Is DATE OF BIRTH	6. AGE (IN YEARS) IF UI			MONTH DAY YEAR 24 HOLIR
	10000	FE	MALE WHITE	OCT. 17	1895 89 YRS.		PRONOUNCED DEAD	4/5 185 A. M
	ANNE 22	FC	RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF WI	HAT COUNTRY?	IED NEVER MARRIE	9 BALTIMORE CITY OF	COUNTY OF DEATH
	2203		hio ITY OR TOWN OF DEATH	U.S.A.		VED DIVORCE	1/////	GEORGE 5 MD
	PAGE AND THE PAGE	14	YATTSVILLE	11 NAME OF HOS (16 NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS)  OLIVE R	ST.	120 USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE) Housewife	OF WORK 126. KIND OF BUSINESS OR INDUSTRY  Own Home
21201	AND 3	130. S	ARYLAND PR.	TY GEO.	130, CITY OR TOWN	YES NO	3608 OLI	VER ST.
RE, MD	POLINE STA	(Au	ATHER'S NAME FIRST COTGE	MIDDLE W	Clark	15. MOTHER'S MAIDEN Emma	MIDDLE	Martin
WO	NS ORAC	160. V	VAS DECEASED EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
ALT	A SIGN		0		275 05 4371	David L. S	hade Same as	3 13e
01 W. PRESTON ST.	RED WITHIN 24 HOUR V PENOLIN ITEM 18 CAMINER ALONG V L. TRANSIT PERMIT MENTAL HYGENE. I N, OR REMOVAL.	0	18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED IMMEDIAT Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last.	D BY: TE CAUSE (a) AC DUE TO, OR (b)		CARDIAL	DISEASE,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
25.20	AND		PART 2 OTHER SIGNIFICANT COMPITIONS	(c)	BUT NOT RELATED TO THE TERMINAL DISEAS	C An Caudition Curry IV as a		
CORE	MEEN AS A B	NO.		CONTRIBOTING TO CEATN	NONE	DE OK CONDITION GIVEN IN PART	1 10	
VITAL RI	SHOULD ONE 'NE CHIEF A E USED' TOF HE	CERTIFICATION	190. DATE OF OPERATION	19b. CONDIT	TION FOR WHICH OPERATION W	/AS PERFORMED?		20 AUTOPSY?  YES \( \square\) NO \( \sqrta\)
ONOF	THE WATER OF THE WATER OF THE		210 EXTERNAL CAUSE WAS  UNDERLYING OR  CONTRIBUTING CAUSE OF E		MONTH DAY YEAR	NO NE	(ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)
DIVIS	HIS CERTING WRITING WRITING AREDED AGE 3.54 ATE DEP.	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	STREET, FACT		CATION STREET	CITY OR TOWN	COUNTY STATE
5	E CERTIFICATE, DUID BE FORW L DIRECTOR; PH, WITH THE ST MARYLAND; AMARYLAND;		ACTUAL	ral causes X,	cribed abave, held an Autop Accident , Suicide	, Hamicide	Undetermined manner ,	n my apinian  DATE 4/5/85
	MEDICAL ECUTE THE GE 4 SHC FUNERA TER DEATH	1	EXAMPLER'S NAME JOH	+N S.	ROBERS, MI	1919 S ADDRESS SILVE	-MEDICAL EXAMINER REMINARY R	D. MONT. M.D.
	524544 -	23a.B	URIAL, CREMATION, REMOVAL 2		23c. NAME OF CEMETERY C		23d. LOCATION CITY OR TOWN	COUNTY STATE
7/84 5M	BP			4/9/85	Fort Lincoln			o.G. Maryland
	DHMH - 17		ancis Gasch's S			25a. DATE RE	C'D. BY REGISTRAR 256 REGIS	IKAR'S SIGNATURE
	(VR A15 ME (5))	47	39 Baltimore Av	enue Hyat	tsville, Md. 20	781	1 1 1985	Tribuna Contaco

	200	1,	FOR	DEPARTMEN	STATE OF M	ARYLAND	IENE 1 2	11/	
134	114	'-	STATE REGISTRAR	MEDICAL EXA	MINER'S C	ERTIFICATE OF E	DEATH REG. NO	).	
	W .: .: V		CEASED NAME FIRST	MIDDLE	baem	GN.	20. DATE KNOWN OF ESTI-	MONTH DAY YEAR	2b. HOUR
5	STARY PLEASE PALDIRECTOR. R YOUR FILES. HITH 72 HOURS		male Black &	ATE OF BIRTH 6. AP ONTH DAY YEAR AS CITIZEN OF WHAT COUNTRY?	E (IN YEARS IF UN THE BIRTHDAY) MONTH YRS.	DER 1 YR. IF UNDER 24 H	HRS. 2c DATE PRONOUNCED DEAD	MONTH DAY YEAR COUNTY OF DEATH	\$ 1050 5 A M
Ð	DAN SERVICE	I F	lorida	USA NAME OF HOSPITAL, NURSING	WIDOW	ED DIVORCED	Prince USUAL OCCUPATION (TYPE	Georges C	BUSINESS
1		DVSU.	per Marlboro	TI NOT IN SOCIAL THE CONTROL OF	2 Apr	1 0010	FOR MOST OF WORKING LIFE)	OR INDUS	STRY
30.3		M	TATE   13b. COUNTY   P.G.	Upper Ma	rlboro	13d. INSIDE (1TY LIMITS? 13e YES NO   13e		Road, Apt.	#512
ORE, M	PANA PER	VJ	FIRST MIE  OE  VAS DECEASED EVER IN U.S. ARMED	Brown FORCES? 166 SOCIAL SI	ECHBITY NO	Every  17 INFORMANT	MIDDLE	Hogan	751
BALTIM	S AFTER GIVE PA GIVE PA PAGES WISION	()	(IF YES, GIVE WAR O	263 44	4 3528	Judith A.	Sharman-da Road, Apt.#2	aughter-64 204 Landov	111 er, Md
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	O BE EXECUTED WITHIN 24 HO ENDING" IN PENCIL IN ITEM MEDICAL EXAMINER ALONG AS A BURIAL - TRANSIT PERM ALTH AND MENTAL HYGIEM CREMATION, OR REMOVAL	NO	PART I DEATH WAS CAUSED BY:    IMMEDIATE CAUSED BY:   Conditions, if ony, which gove rise to immediate cause (a) stoting the under-lying cause lost.    PART 2 DTHER SIGNIFICANT (ONOTIONS CONTR.)	(b)	ENCE OF		esculor de	BEIWEENUN	SET AND DEATH
/ITAL REC	OULT SED SED SF HE	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION W	AS PERFORMED?		20 AUTOPS	
IONOF	ARDED TO THE CAPE SHOWING THE WORL ARDED TO THE CH ARDED TO TH	MEDICAL CER	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		YEAR		NTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)	
DIVIS	E, WRITIN WARDED PAGE 3 S STATE DEP	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT ) STREET, FACTORY, FARM, ETC.)		ATION reet	CITY OR TOWN	COUNTY	STATE
•	KAMINER ERTIFICAT ID BE FOI NIRECTOR WITH THE ARYLAND		22a   Certify that   taak charge of deoth resulted from: Natural co		Suicide	Homicide U	ndetermined manner	DATE SIGNED	19-85
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, V BALTIMORE, M	23a. B	URIAL, CREMATION, BEMOVAL 23h D	P. Rodriguez, M.D	OF CEMETERY OF	CREMATORY 23	urn Ct., Temple		
07/84 25M	BP	(:	Burial Ap.	ril 26,1985		Memorial 250 DANDE	Park Landov	STRAR'S SIGNATURE	and
	DHMH - 17 (VR A15 ME (5))	St	ewart Fuleral	Home-4001 Be	nning F	load, N.E.	43 1985	ison-Mana	1



campletely filled in by the funeral director. p s 1 and 2 should be filed within 72 hours after

executed within 24 haurs after

deoth

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

attending physicion.

FOR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	5	a.i	- 1	4
1	Lan		8	4

	CEASED NAME FIRST	MIDDLE	i i	AST	REG. I		DAY YEAR	26 HOU	R
(TYPE	LOU	us (MMN)	S	INGER		04-18	-85	11 3	244
3. SE	Х	4 RACE	5. DATE C		6 AGE (IN YEARS LAST E		IF UNDER I YEAR	IF UNDER	24 HRS
1	Male	Caucasian		st 25, 1907	77	YRS			1411.41
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	JNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY				
	Germany	USA	WIDOWE		PRINCE G				Μ
	CHEVERLY	PRINCE GEORG	GE'S GENE		126 USUAL OCCUPA ITYPE OF WORK FOR MOST Self-empl	OF WORKING LIF	126. KIND C INDUSTRY Paint	, Wa.	11
13a S <b>Ma</b> :	IAL RESIDENCE (IF NURSING HOME STATE 13b CO TYLAND PTI ATHER'S NAME		OR TOWN	13d INSIDE CITY LIMITS? YES ON O				711	
	Aloys	Sing	zer	Maria	MIDDLE		Schus	ter	
	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIA	AL SECURITY NO.	17 INFORMANT Sharon Caval		Box Haven,	9376	533	
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CON	NSEQUENCE OF	he landrov	asculue y	73 62	-		
CATION	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONTINUE TO CONDITION FOR	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	20b. IF YES	S, WERE FINDI	NGS USED	
TIFICATION	gave rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICAN	t conditions <u>contributi</u>	NG TO DEATH BUT	NOT RELATED TO THE TERM		20b IF YES		NGS USED	H?
CAL CERTIFICATION	gave rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTION  19b. CONDITION FOR  21b. TIME OF INJURY HOUR A.M. MON	NG TO DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES IN CERTIF YE	S, WERE FINDI FYING CAUSES IS	NGS USED OF DEAT	H?
MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	T CONDITIONS CONTRIBUTION  19b. CONDITION FOR  21b. TIME OF INJURY HOUR A.M. MON	NG TO DEATH BUT WHICH OPERATIO TH DAY YEAR 19	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES IN CERTIF YE	S, WERE FINDI FYING CAUSES IS	NGS USED OF DEAT NO	H?
-	gove rise to immediate couse lost storing the underlying couse lost.  PART 2 OTHER SIGNIFICAN  196. DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER NOTIFY MEDICAL EXAMILE AT WORK AT WORK AT WORK AT WORK AT WORK 220.1 certify that (I) (this has sow the deceased of the course	T CONDITIONS CONTRIBUTION  19b. CONDITION FOR  21b. TIME OF INJURY HOUR A.M. MON P.M.  21e. PLACE OF INJURY 1 AT HOME STREET, FACTORY,	WHICH OPERATIO  TH DAY YEAR  19  OFFICE, FARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURE  21l. LOCATION STREET  21d that in (my) (Que) epinion of	200 AUTOPSY? YES NO	20b IF YES IN CERTIF YE JURY IN ITEM IB P	S, WERE FINDI YING CAUSES (S ) PART I OR PART 2)	NGS USED OF DEAT NO	H?
-	gove rise to immediate couse (a), storing the underlying couse lost  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAM)  21d. INJURY OCCURRED  WHILE NOT WHILE ALWONG ALWOOD  22a.1 certify that (1) (this had so we the deceased alive and the couse of	T CONDITIONS CONTRIBUTION  19b. CONDITION FOR  21b. TIME OF INJURY HOUR A.M. MON' P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, AT HOME STREET, FACTORY, TO THE DOTY OTHER COOTH	WHICH OPERATIO  TH DAY YEAR  19  OFFICE, FARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURE  21l. LOCATION STREET  Ad that in (my) (Aux Opinion of Physician of Ph	200 AUTOPSY?  YES NO SED (ENTER NATURE OF IN.  CITY OR!  death accurred on the	20b IF YES IN CERTIF YE JURY IN ITEM IB P	S, WERE FINDI YING CAUSES (S ) PART I OR PART 2)	NGS USED OF DEAT NO	H?
-	gove rise to immediate couse lost storing the underlying couse lost.  PART 2 OTHER SIGNIFICAN  196. DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER NOTIFY MEDICAL EXAMILE AT WORK AT WORK AT WORK AT WORK AT WORK 220.1 certify that (I) (this has sow the deceased of the course	T CONDITIONS CONTRIBUTE  19b. CONDITION FOR  21b. TIME OF INJURY HOUR A.M. MON' P.M.  21e. PLACE OF INJURY 1AT HOME STREET, FACTORY.	WHICH OPERATIO  TH DAY YEAR  19  OFFICE, FARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURE  21l. LOCATION STREET  19  C , 19  C dthat in (my) (pure) epinion of the pure of the	200 AUTOPSY?  YES NO SED (ENTERNATURE OF IN CITY OR 1)  CITY OR 1)  MEDICAL ST DIRECTOR PHYS	20b IF YES IN CERTIFY YE JURY IN ITEM IB PRODUCTION AFFICIAN	S, WERE FINDI LYING CAUSES (S) (COUNTY)	NGS USED OF DEAT NO	H?

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physican and c should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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Larguerd Dorge Boards: Sothing An Alike Starlboro Soul Signa

The Charles

F. C. Los ES/E

No ---- Cill-Oy-Cyrk Cheron Cavallers Few Haven, Cl 06533

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OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after

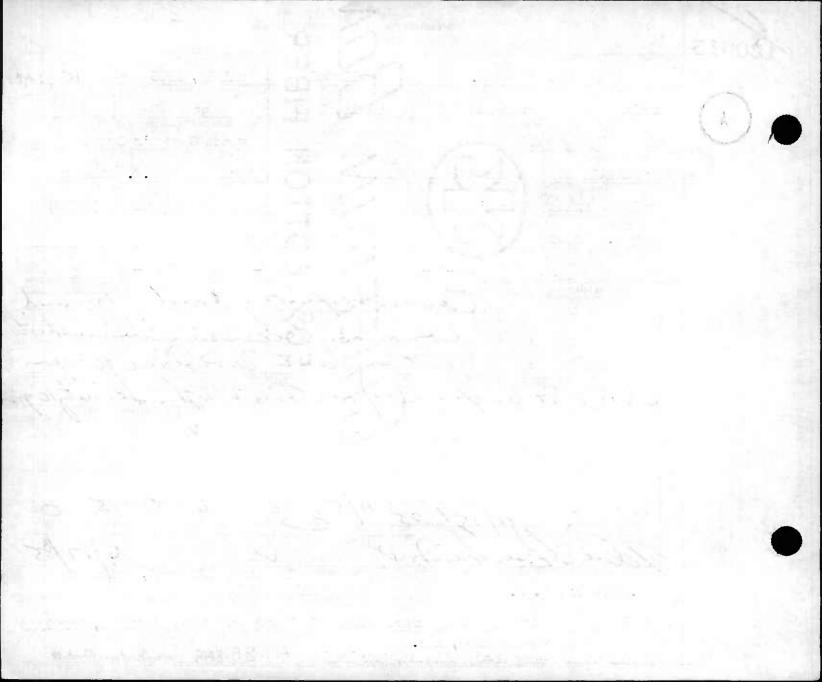
TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending physician.

DHMH - 16 60M 7/B

FOR - STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

						REG. NO.		
TIYPE	CEASED NAME	FIRST	WIDDLE	17%	LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
		Edna	J.		mallwood	April 15, 1985		10 P.M
3_SE	X	4.	RACE	MONT	DF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
	emale	17.	aucasian	Apri	1 18, 1889	95 YRS		
	RTHPLACE (STATE O	OR FOREIGN 76	CITIZEN OF WHAT CO	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUN		
Sec.	hio		SA	WIDOW		Prince George		
1	orestvill		. NAME OF HOSPITAI (IF NOT IN SUCH FACILITY, Regency Nu	GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING  Clerk  U		of BUSINESS OR asury
73a. :	al residence (# NI STATE aryland	136 COUNTY	13c. CITY	ence before admission) or town Clinton	13d INSIDE CITY LIMITS? YES XX NO [	13e.STREET ADDRESS / ZIP CO 9609 Beverly A	ooe Avenue (2	20735)
	enry E. J	ackson MID	DIE	LAST	15. MOTHER'S MAIDEN NA Anna Hill	MIDDLE	1.4	AST
	WAS DECEASED EV		AR OR DATES!	CIAL SECURITY NO.	17 INFORMANT	ADDRESS		
	No	N/A	578-	-09-1952	Harvey Payne	- Same As #13	A-E	
	underlying cou	use lost	DUE TO, OR AS A C	0-12-	a 1/1/0 . d.	- Ila ad Udaa		
FICATION	PART 2 OTHER SI C V A	c Ott	Homiso	resia &	T NOT RELATED TO THE TERM	INCER	YES, WERE FIND RTIFYING CAUSE	S OF DEATH?
CERTIFICATION	CVA	RATION UNDERLYING	196. CONDITION, FO	DR WHICH OPERATIO	3/30/84 CON	20g AUTOPSY? 120b. IF	yes, were find rtifying cause yes []	
	190. DATE OF OPEI	RATION  UNDERLYING  CAUSE OF DEATH LEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MC P.M.	DR WHICH OPERATION Y ONTH DAY YEAR	7/30/84/Con	200 AUTOPSY? 200 IF	yes, were find rtifying cause yes []	S OF DEATH?
MEDICAL CERTIFICATION	190. DATE OF OPEN  210. ACCIDENT WAS: OR CONTRIBUTING [ (IF EITHER NOTEY M  21d. INJURY OCC.) WHILE   NOTE	RATION  UNDERLYING  CAUSE OF DEATH LEDICAL EXAMINER) URRED  WHILE  WHILE	19b. CONDITION FO	OR WHICH OPERATION  Y  NNTH DAY YEAR  RY	3/30/84 CON	200 AUTOPSY? 200 IF	yes, were find rtifying cause yes []	S OF DEATH?
	21a. ACCIDENT WAS: OR CONTRIBUTING (IF EITHER NOTIFY M 21d. INJURY OCCI WHILE AT WORK NOTIFY that	RATION  UNDERLYING  CAUSE OF DEATH LEDICAL EXAMINER)  URRED  WHILE  WORK  (I) (this hospital	21b. TIME OF INJURY HOUR A.M. MO P.M. 21e. PLACE OF INJURY	OR WHICH OPERATION  Y  NTH DAY YEAR  RY  ORY, OFFICE, FARM ETC.)  JECT TOM	210 HOW INJURY OCCUR	200 AUTOPSY? 206. IF IN CER	YES, WERE FIND RTIFYING CAUSE YES [] 18 PART   OR PART 2)	S ODEATH?
	21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY M 21d. INJURY OCCI WHILE NOTIFY M AT WORK NOTIFY H 22a   certify that	RATION  UNDERLYING  CAUSE OF DEATH REDICAL EXAMINER)  URRED  WHILE  WORK  (I) (this hospital	21b. TIME OF INJURY HOUR A.M. MO P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTO ) ottended 11e deceas	OR WHICH OPERATION  Y  NTH DAY YEAR  RY  ORY, OFFICE, FARM ETC.)  JECT TOM	216 HOW INJURY OCCUR 211 LOCATION 311 LOCATI	200 AUTOPSY? 20b. IF IN CER  YES NO D  RED (ENTER NATURE OF INJURY IN ITEM  DIRECTOR STAFF  DIRECTOR PHYSICIAN	YES, WERE FIND RTIFYING CAUSE YES  18 PART   OR PART 2)  COUNTY  10  211. DAY	SOMEATH? NO THAT
	21a. ACCIDENT WAS OR CONTRIBUTING (IFEITHER NOTIFY M AT WORK A	RATION  UNDERLYING  CAUSE OF DEATH LEDICAL EXAMINER)  URRED  WHILE  WORK  (I) (this hospital	19b. CONDITION FO.  21b. TIME OF INJURY HOUR A.M. MO P.M.  21e PLACE OF INJUIT (AT HOME, STREET, FACTOR) oftended the decease	OR WHICH OPERATION  Y  NTH DAY YEAR  RY  ORY, OFFICE, FARM ETC.)  JECT TOM	216 HOW INJURY OCCUR 211 LOCATION 311 LOCATI	200 AUTOPSY? 20b. IF IN CER YES NOT	YES, WERE FIND RTIFYING CAUSE YES  18 PART   OR PART 2)  COUNTY  10  211. DAY	SOMEDIAN that (Toplas that (Toplas Toplas Toplas Toplas
MEDICAL	21a. ACCIDENT WAS OR CONTRIBUTING (IFEITHER NOTIFY M 21d. INJURY OCCI WHILE AT WORK AI 22a I certify that  K. Minc BURIAL CREMATIO	UNDERLYING  CAUSE OF DEATH LEDICAL EXAMINER)  WHILE  WORK  (I) (this hospitol	19b. CONDITION FO  21b. TIME OF INJURY HOUR A.M. MO P.M.  21e. PLACE OF INJUIT (AT HOME, STREET, FACTO  The Date of the decease  The Date of the decease  D.  23b. DATE	OR WHICH OPERATION  YONTH DAY YEAR  RY  ORY, OFFICE, FARM ETC.)  Add from  19  23c, NAME OF	21c HOW INJURY OCCUR	200 AUTOPSY?  200 AUTOPSY?  YES   NOTE  NO	YES, WERE FIND RTIFYING CAUSE YES  18 PART   OR PART 2)  COUNTY	SOMEATH? NO THAT THE IDEA THAT THE IDEA TO STATE
WEDICAL BEST	21a, ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY M 21d. INJURY OCCI WHILE NOTIFY M 22a I certify that AT WORK AT BURIAL, CREMATIO (SPECIFY)	RATION  UNDERLYING  CAUSE OF DEATH LEDICAL EXAMINER)  URRED  WHILE  WORK  (I) (this hospital	21b. TIME OF INJURY HOUR A.M. MO P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTO  The Date of the decease  The 22b. DATE  P11 18 198	OR WHICH OPERATION  YONTH DAY YEAR  RY  PRY, OFFICE, FARM ETC.)  23c, NAME OF C.  5 Grace 1	21c HOW INJURY OCCUR	ZOO AUTOPSY?  YES NOTE  YES NOTE  YES NOTE  YES NOTE  YES NOTE  HE CATOWN  CHARLES TAFF  DIRECTOR PHYSICIAN D  ACTOR TOWN  CITY OR TOWN  COL CEMETER VALUE OF INJURY IN ITEM  TO TOWN  COL CEMETERY, E1	YES, WERE FIND RTIFYING CAUSE YES [] IS PART OR PART 2)  COUNTY  AND ON THE PART 2	STATE MARY LATE  MARY
23a. E 24 F	21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY M 21d. INJURY OCCI WHILE AT WORK  22a I certify that BURIAL, CREMATIO (SPECIFY) UNERAL DIRECTOR NAME	UNDERLYING CAUSE OF DEATH LEDICAL EXAMINER) URRED  WMILE	19b. CONDITION FO  21b. TIME OF INJURY HOUR A.M. MO P.M.  21e. PLACE OF INJUIT (AT HOME, STREET, FACTO  The Date of the decease  The Date of the decease  D.  23b. DATE	OR WHICH OPERATION  YOUTH DAY YEAR  RY  PARY, OFFICE, FARM, ETC.)  JOHN TO BE	21¢ HOW INJURY OCCUR	200 AUTOPSY?  200 AUTOPSY?  YES   NOTE  NO	YES, WERE FIND RTIFYING CAUSE YES [] IS PART OR PART 2)  COUNTY  COUNTY  COUNTY  LETT  COUNTY  COUNTY	STATE  MATYLAI  ATURE



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR			CERTIFICATE OF DEATH  REG. NO.										
I. DECEASED NAME		FIRST	AAI	DDLE	Ĺ	AST	20 DAT	E OF DEATH A	MONTH DAY	YEAR	2b. HOUR		
[149]	E OR PRINT)	BEI	RTHA	REGINA		SMITH		APRIL 1	9.1985		6.06 N	u	
3. SE	X		RACE		5 DATE C	OF BIRTH		(IN YEARS LAST BIRTH	HDAY) IF U	NDER 1 YEAR	IF UNDER 24 HRS	LIM	
7	EMALE	125	CAUCAST	TAN	AUG	28.1906	AR	78	YRS	THS DAYS	HOURS MIN.		
7a. B	IRTHPLACE (STATE C	OR FOREIGN 7		HAT COUNTRY?	8.		9. BALT	IMORE CITY OF		DEATH		-	
	COUNTRY) ENNSYLVAN	(A	U.S.A.   MARRIED   NEVER MARRIED				I P	PRINCE GEORGES MD.					
	TY OR TOWN OF DERWYN HEIG		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  6219 SEMINOLE PLACE					VORK FOR MOST OF		INDUSTRY	BUSINESS OR		
USU.		JRSING HOME OR O	THER INSTITUTION, G	INE RESIDENCE BEFORE	ADMISSION)			ERK		ST. O	F PA.	-	
MA	ARYLAND	PRI. G		13e. CITY OR TOWI BERWYN HE		S YES XX NO [		6219 SE		PLACE	20740	_	
14. FA	ATHER'S NAME	м	DDIE	LAST		15. MOTHER'S MAID	DENNAME	WIDDLE		LAST		_	
	JEROME	5	Р.	AIRHART	-	ANNA		MIDDLE	SW	ITZLER			
	WAS DECEASED EVE	ER IN U.S. ARM		166. SOCIAL SECU		17. INFORMANT		ADDRES				-	
(	YES, NO OR UNKNOWN)	(1F YES, GIVE	WAR OR DATES)	526 36 0	0083	MARGAR	ET SMITH	1 SAME	AS 13	DAUG	HTFR TN	11.	
	18 CAUSE OF DEA	ATH (Enter only	one couse per li	ne for in the	Ich)	250	do	.//	. 0	APPROXIM BETWEEN O	NATE INTERVAL NSET AND DEATH	=	
	PART 1. DEATH	WAS CAUSED IMMEDIATE		Me	Spel	recor	y Tre	exun	1	Muss	nutte	_	
		nvavie D iv vie		AE A CONSEQUE	MCE OF	1/	11-10	-6-	1 7			-	
	Conditions, if or	av which	DUE TO, OR	AS A CUNSEQUE	esn	read m	March	Tie d	LLOGICO	10-1	1000		
	gove rise to i	immediate									-		
	couse (a), sto underlying cou	ting the use last.	DUE TO, OR	AS A CONSEQUE	NCE OF	a. al	vall	min.	ulaton	7. 1	LIM	P	
			(c)	Carro	ma,	MA T	guer	we	www.		1291	=	
N	PART 2. OTHER SI	GNIFICANT CO	INDITIONS COM	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE	TERMINAL DIS	EASE OR COND	ITION GIVEN	N PART Ita			
MEDICAL CERTIFICATION	19a. DATE OF OPER	TE OF OPERATION 196, CONDITION FOR WHICH OPERA				N WAS PERFORMED	20a A	UTOPSY?	206 IF YES, W	ERE FINDIN	GS USED	-	
FIC	7								IN CERTIFYIN		OF DEATH?		
ERT	210. ACCIDENT WAS L	INDERLYING [7]	216. TIME OF	INTERY		21c. HOW INJURY C	YES		YES [	08.8487.31	NO []	-	
C	OR CONTRIBUTING			MONTH DA	Y YEAR	THE FIGURE WAS DRIVE	DECORRED (EN	K NATUKE OF INJURY	TINTIEM IS PART I	OR PART 2)			
CA	(IF EITHER, NOTIFY ME		P.M		19		· · · · · · · · · · · · · · · · · · ·						
AED	21d. INJURY OCCU		21e. PLACE OF	F INJURY ET, FACTORY, OFFICE, FA	ARM ETC )	211. LOCATION STREET		CITY OR TOW	/N	COUNTY	STATE		
-	AT WORK NOT	WHILE				1							
	22a. I certify that	(I) (this hospito	l) ottended the	deceosed from_	3	, 19_	35 , 10_	81	19_, 19_	95	hot (I) (we) lost		
	sow the dece	osed olive on	view the bady of	ttoy dooth	\$5_, on	nd that in (my) (our) o	pinion deoth occ	urred on the dot	te and hour on	d from the c	auses stated		
	776 SIGNATURE	/ /	///	ner deom.	- 1	DEOREE				22c. DATE	IGNED /	-	
	Mille	inval	111/00	1211111	11.0	ATTEND		AL STAFF		41	10/0/2	,	
Ų	226 PHYSICIAN'S	NAME ITIES ON	ey ee	acces in		PHYSIC 22e ADDRESS	IAN DIRECT	OR PHISICI	AN	166	1101	-	
	4727	LIMA	200 CT	1333									
	1700	FILTO	14/21				HAVARD S		ILVER_S	SPRING	.MD.	=	
	BURIAL, CREMATION	N, REMOVAL	23b. DATE		AME OF C	EMETERY OR CREMA	TORY 23d L	OCATION CITY OR TOWN	cc	OUNTY	STATE		
	BURIAL	4	/22/85		T. BE	ENEDICTS C	EMETERY	CA		WN	PA		
4 F	UNERAL DIRECTOR	FRANCT	S J. COI	LINS		2	Sa. DATE REC'D.	en-	56. REGISTRAR	'S SIGNATU	JRE	-	
	500 UNTU				S MD	20901	Arn 2	2 1985	ساند ساند	idson-A	andelle		

500 UNIV. BLVD., W., SILVER SPRING, MD. 20901

DHMH - 16 60M 7/84 (VRA 15, 4) 5

BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	La	N.	him	La

		REGISTRAR				CERTII	FICATE O	DEATH		REC	. NO.						
- 1	1 DEC	DECEASED NAME FIRST MIDDLE					LAST			20. DATE OF DEATH MONTH			DAY YEAR	26 HOUR			
	{TYPE	OR PRINT)	Charl	es M	larion	Sm	ith				4	8	85	5:35P	М		
П	3. SEX	(		4. RACE			OF BIRTH		6. AGE	(IN YEARS LAS	T BIRTHDAY)		IF UNDER I YEAR	IF UNDER 24 HR	_		
ş	Ma	Male Cauc.			້ຳໃ <b>ດ</b> 18 ດ <b>ຣ</b>			06	78			YRS.	MONTHS DATS	HOURS	4.		
7	7a. BIF	CUNTRY	OR FOREIGN	76. CITIZEN OF	WHAT COUN	TRY? 8	n 🗱 NEVE	R MARRIED	9 BALTIMORE CITY OR COUNTY C				OF DEATH				
/	Wash D.C.			USA		WIDOWED DIVORCED			Prince George				MD.				
2	10. CITY OR TOWN OF DEATH Forestville			11. NAME OF HOSPITAL, NURSING HOM (IE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Regency Nursing Hom			(TYPE_OI			(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUS			INDUSTRY	trucți			
5	13o. S		13b. COU		13c. CITY OR	DENCE BEFORE ADMISSION) YOR TOWN 13d. INSIDE CITY LIMITS?  LCrest Hghtses X NO			13e.STRE 26	ET ADDRE	SS / ZIP <b>f ton</b>	2074	20748				
0	14. FA	THER'S NAME	MIDDLE H.				R'S MAIDEN NA/	NAME MIDDLE R.			DeWalt						
0		AS DECEASED EV							•		MA.						
	( )	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OF			577-09-0602 Charlene Litz					z 11803 Rivershore Dr. Dunkirk							
		18. CAUSE OF DEATH (Enter only one couse per line for LOLID); and account part I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OIL AS A CONSEQUENCE.										APPROX 8ETWEEN	IMATE INTERVAL ONSET AND DEAT	н			
		Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse lost.									CALINI DA DT 1						
	Z O	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN											EIN IIN PART III	a			
スク	CERTIFICATION	19a DATE OF OPERATION 19b CON			DITION FOR WHICH OPERATION WAS PERFORMED							YING CAUSES	WERE FINDINGS USED ING CAUSES OF DEATH?				
	, ,	Las sources Discuss of sources and MOUR A.M. MONTH DAY TEAK										ART I OR PART 2)					
	MEDICAL	while not at work	WHILE WORK	21e, PLACE (AT HOME, STI		FICE, FARM, ETC.)	21f. LOCATION STREET CITY OR TOWN				COUNTY	STATE					
		220 Leartify that (I) (this hospital) attended the deceased from										and from the		ast			
		126 SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN MO PHYSICIAN MEDICAL STAFF PHYSICIAN MEDICAL STAFF							14/9/	85							
		William Kent Furst, M.D. 22e ADDRESS 11701 Livingston Rd. Ft. Wash							nington	, Md.							
		URIAL, CREMATIO	N, REMOVAI			23c NAME OF	CEMETERY C	R CREMATORY	23d L	OCATION CITY OR TOW	N		COUNTY	STATE			
	1	Burial 4			35	Cedar H	Hill C	emetery		Suitl	and_		P.G.	.G. Md.			
	24. FU	FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE															

O HOSPITAL OR ATTENDING PHYSICIAN: The low

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health. etained by the haspital or

IMPORTANT: If Item 21 is

(VRA 15, 4)

G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

for which the same that the same of a grades of a large of the second 112031 STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH TYPE OF PRINT Charles 15 1985 Terry Smith 5. DATE OF BIRTH SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 18 60 Male Caucasian 75 70. BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York U.S.A. WIDOWED X DIVORCED [ Prince George's ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Ft. Washington Cabinet Maker-Ret. Carpentry Ft. Washington Rehab. Center ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. 131. 131. 131. 131. 132. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 18 Buffalo St. 13d INSIDE CITY LIMITS? 14701 Chautauqua Jamestown New York YES X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Brightman Barton Olo Smith, Jr. Terry 16h SOCIAL SECURITY NO 17 INFORMANT 13205 Warburton Dr. 16a WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 108-05-9023A Marilee Horvath Ft. Washington, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY Cardio Pulmonary Arrest IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Extreme Debilitation Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. Sepsis from Chronic UTI PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Crippling Rheumatoid Arthritis. Poss. Hypostatic Pneumonia 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19g DATE OF OPERATION 20a AUTOPSY? NOX YES [] N.A. 21n ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY HOUR A.M. MONTH DAY YEAR Mentol ! OR CONTRIBUTING CAUSE OF DEATH N.A. ( IF EITHER NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY b (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) arked

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

COUNTY STATE

2/6/83 22a.1 certify that (I) (Disk 5635) (al) attended the deceased from sow the deceased alive on 1/10 above, (I) (1/2) 226. SIGNATURE

and that in (my) (a) apinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING 1/15/85

AT WORK AT WORK

9401 Indian Head Higwy

Richard A. Farson, Md. 23a. BURIAL, CREMATION, REMOVAL

#360 Ft. Wash., Md. 20744 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

Burial 4/18/85 24 FUNERAL DIRECTOR

Lakeview Cemetery

Jamestown Chautaugua N. AG160 Oxon Hill Rd 250 DATE REGISTRAR 256 REGISTRAR SIGNATURA

- 16 50M 4/83 (VRA 15, 4)

FUNERAL DIR

MPORTANT:

George P. Kalas Funeral Home Oxon Hill. Md.

2b. HOUR

5 Mins.

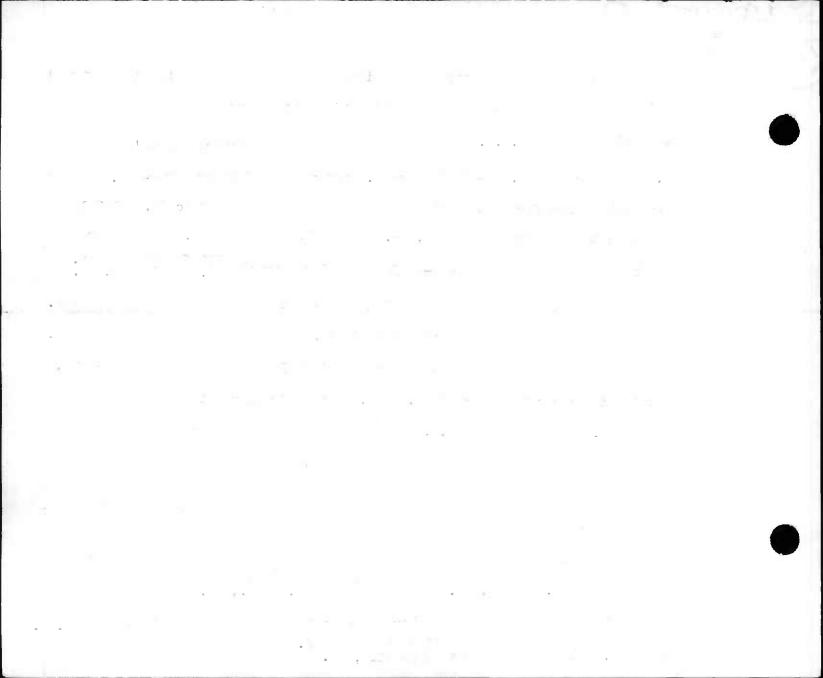
2 Mons.

2 wks.

85

1:04 Am

IF UNDER 24 HRS



futured director, page 3

injury, or other traumotic event, the medica

should be detached for use as the burial-transit permit. Then please remove corbon pages. Pages with the State Dept. of Health and Mental Hyaiene prior to burial, cremation, or removal. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and

#### FOR - STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. N	10.	. 10		
ATE OF DEATH	G. NO. TH MONTH DAY 7 > 6	YEAR	2b. HOUR	

	REGISTRAR				REG. NO.		
	CEASED NAME FIRST	Test   Mode   Mode					
(ITPE	OR PRINT) FRA /1	T	20. DATE OF DEATH   MONTH   DAY YEAR   20. HOUSE   12. HOUSE   1	EULA			
2 CE				( ) ( )		V IF III OFF I WE IS	- M
3. SE	^				IN YEARS LAST BIRTHDAY		
ja .	MALE	13611616			VDG	1 1	1.00.00
7a .Bi		L CITIZEN OF WHAT COUNTRY	(2 8	- 9 BALTIZ			
M	RTHPLACE LIVE OF FOUNDS		MARRIED NEVER M	ARRIED -			c1-
	W-)./1	01 1 .77	WIDOWED DIV	ORCED     K	INCE G	EDRG.	LS MD.
10. CI	ITY OR TOWN OF DEATH			TUTION 12 USU	ALOCCUPATION	12b. KIND O	F BUSINESS OR
1	LINT-NIMO	(IF NOT IN SUCH FACILITY, GIVE STREE		12-11	OR COMON OF VOLUM		Thus
_	1117	perinery i		17 37.	( Tilly	CONS	TRUCTIO.
				TY LIMITS? 13e STREE	T ADDRESS / ZIP CO	DF	11177
M	ARYLAND P.G.	1/pnox n	. //			AR 70%	211/2
14. FA	ATHER'S NAME	affect in	IS MOTHER'S		00 / 0/ ~	21/5	174
1	FIRST	IDDLE	F	IRST	MIDDLE	LAS	Т
	DENNIS	SMITH	ETT	TA		VENS	100000000000000000000000000000000000000
	VAS DECEASED EVER IN U.S. ARM		CURITY NO. 17. INFORMAN	IT (SOM)	ADDRESS	DADIAS	20772
(,	YES, NO OR UNKNOWN) (IF YES, GIVE		-1721 Ailani	. 1 -	- 0		DRIVE
	700	16 40- 20	1211 CHARLE	3 111 JM11	9 UPPER 1		
		Div				BETWEEN	ONSET AND DEATH
		CAUSE (a) CARDIO	- RESPIRATO	RY ORK	FS1	100	
	MMEDIATE		,	-27			
		DUE TO, OR AS A CONSEQUE	UENCE OF	100	1		
	Conditions, if any, which	( (b) <u>C[-1([-1</u>	sho proce	CAIL 17	166 (1120)		
	gave rise to immediate cause (a), stating the	DUE TO OD AS A CONISSO	HENICE OF				
		DUE TO, OR AS A CONSOL	ENTENSIO.	N		P4.0260	
7	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED T	TO THE TERMINAL DISE	ase or condition (	GIVEN IN PART 110	j.
CERTIFICATION							
A	19a. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFOR	MED 200 AL	JTOPSY? 20b. IF	ES, WERE FINDIN	IGS USED
F					IN CER		
RT						[	NO []
Ö	21a. ACCIDENT WAS UNDERLYING	LIGHTS A 11 MONTH	21c HOW INJ	URY OCCURRED (ENTER	NATURE OF INJURY IN ITEM I	B PART I OR PART 2)	
A	OR CONTRIBUTING CAUSE OF DEATH	77					
MEDICAL	21d. INJURY OCCURRED			N			-
ME					CITY OR TOWN	COUNTY	STATE
_	AT WORK AT WORK				1 0.00		
	220.1 certify that (I) (this haspita	al) attended the deseased from	3-14-85	19. 4 5 to	3-26-43	19 8 5	that (I) (we) last
				our) opinion death occu	rred on the date and h		
			, and ther in (my) (	our, opinion acam occo	ried dir the date and h		
	above, (1) (we) (did) (did nat)	view tile budy offer death.					cooses stated
		view tile budy biter death.		/		22c DATE	SIGNED
	above, (1) (we) (did) (did nat)	let m	M O AT	TENDING MEDICA	AL STAFF	22c DATE	SIGNED 45
	above, (I) (we) (did) (did nat) 22b. SIGNATURE	Mom	M.O. AT	TENDING MEDICA	AL STAFF DR PHYSICIAN	3 - Z	SIGNED 45
	above, (I) (we) (did) (did nat) 22b. SIGNATURE	My	M.O. AT	TENDING MEDICA	AL STAFF DR PHYSICIAN	221 DATE 3 - 3	SIGNED 45
	above, (I) (we) (did) (did nat) 22b. SIGNATURE	My	M.O. AT	TENDING MEDICA	STAFF DR PHYSICIAN	221 DATE 3 - 3	SIGNED 45 -8-45 WASH
73e B	above, (I) (we) (did) (did nat) 22b. SIGNATURE	ly m. D.	M.O. AT PH	TENDING MEDICA	STAFF DR PHYSICIAN	3-2 , FOAT.	SIGNED 45 -8-45 WASH

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ATTENDING PHYSICIAN: The law attending physicia the hospital

DHMH - 16 60M 7/84

(VRA 15, 4)

BP.

LINTON

24 FUNERAL DIRECTOR NAME

HUNT PL. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

sone than DDAF

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

E C		REGISTRAR  CEASED NAME FIRST OR PRINT)  JAM	MIODLE		IITH JR.	REG. NO.  2a DATE OF DEATH MON		10
	3 SE	x Male	Afro American		ber 9 1939	6 AGE (IN YEARS LAST BIRTHDA	YPS.	EAR IF UNDER 24 HRS
#7	Wa	RTHPLACE (STATE OR FOREIGN COUNTRY) Shington, DC	76 CITIZEN OF WHAT COUNTY	MARRIE		PRINCE GEOR		M
74		CHEVERLY	PRINCE GEORGE	STENER	AL HOSPITAL	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WO Postal Cler	RKING LIFE) INDUST	D OF BUSINESS OF RY Stal serv
18/	13a	Maryland Prin	or other institution, give residence e unity 13c, CITY OR ce George Fores	TOWN TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIF		2074
and 2 s		James	Smith Sr.		IS MOTHER'S MAIDEN NAME Annie	Mae	Wil	liams
the medical	160	VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YES	Chir livin on outres	2-5908	Arnita Smith	/daughter 220	Silver Sp O Paralle	oring, Md
hen please remave carb to burial, crematian, ar r ijury, ar ather traumatic	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last.  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONST	ERTEN	TRACRANIAC  SION  NOT RELATED TO THE TERM			l Iro
shows any in	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WA	HICH OPERATIO	DN WAS PERFORMED	200 AUTOPSY? 201 IN	LIFYES, WERE FIN CERTIFYING CAU YES [	IDINGS USED SES OF DEATH?
Mental Hygier or frem 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	diameter and the	RED (ENTER MATURE OF INJURY IN	ITEM 18 PART I ORPART	2)
ente Hen	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OF		21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
as the burial th and Mente orked or Item	1		spital) attended the deceased fr	om 4	1981		19	, that (1) (we) la
ched for use as the burial Dept. of Health and Ments Hem 21 is morked or Hem		saw the deceased alive	on 4/17 not view the body after death.	19 85	nd that in (my) (our) opinion of DEGREE			the couses stated
should be detacthed for use as the burial with the State Dept. of Health and Ments IMPORTANT: If them 21 is marked or then		saw the deceased alive above, (I) (we) (did) (did	8.	M. D.	DEGREE  ATTENDING PHYSICIAN [ 22e ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIAN	m 0	ATE SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

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9th

Street, N.W. Washington, DC

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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL RYGIENE

DEC	NO	

1.	FOR STATE		M	DEPARTMENT OF HEAD MEDICAL EXAMINER'S				
	REGISTRAL DECEASED N. TYPE OR PRINT)			MIDDLE	LAST	Za. DATE	REG. NO.	DAY YEAR
-	TPE OR PRINTS	Kath	narine	Darlington	Smith	OF	MAJES ,	28 1985
3. SE	EX	4. RACE	5. DATE OF BIRT		FUNDER 1 YR. IF UNDER	24 HRS. 2c. DATE	MONTH	DAY YEAR
0	emale	White	12 10	1908 76 YRS.	ONTHS DATS HOURS	DEAD	April	28, 19 80
	BIRTHPLACE FOREIGN COUNT			WHAT COUNTRY?	ARRIED NEVER MARR	IED 9. BALTIMO	_	
/ N	New Yo	rk	U.S.A.		DOWED DIVORC	ED   Princ	e George	
7		WN OF DEATH	HE NOT IN SHOP	IOSPITAL, NURSING HOME, OR ( FFACILITY, GIVE STREET ADDRESS)		12a. USUAL OCCUP	ATION (TYPE OF WORK	125 KIND OF BU
	iverda		Lela	and Memorial Hos	spital		rative Ass	
130.	DAL RESIDEN STATE	VCE (IF IN NURSING HO	OME OR OTHER INSTITUTION,	I, GIVE KESIDENCE BEFORE ADMISSION)	138. INSIDE CITY LIMITS?	13e. STREET ADDRES	SS	
	laryla		P.G.	" College Park		7406 Co.	lumiba Ave	nue 207
14. F	FATHER'S NA W111		AIfred	Smith	15 MOTHER'S MAIDE Elizabe		anore	Johnson
-				16b SOCIAL SECURITY NO.		FII FIE		21 N. 2.
160.	YES, NO, ORUN	ASED EVEK IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	213-46-7997		W. Smith		
				line for (g), (b), and (c).)	TIEGGIICK	. W. SHITCH	(DIOCHEL)	ALTINGL
NO.		ER SIGNIFICANT CONDIT	IIONS CONTRIBUTING TO DEA	ATM BUT NOT RELATED TO THE TERMINAL OF	ISEASE OR CONDITION GIVEN IN PA	iRT 1 igi.		
CERTIFICATION	19a. DATE	E OF OPERATION	19b. CON	IDITION FOR WHICH OPERATION	N WAS PERFORMED?			20 AUTOPSY
F	/	Von	e					YES 🗆
S S	21a. EXTE	RNAL CAUSE WAS		OF INJURY A.M. MONTH DAY YEAR	LE HOW INJURY OCCURRE	D (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I OR PA	ART 2)
MEDICAL	CONTRIB	BUTING CAUSE		P.M. 19 CE OF INJURY (AT HOME, 211	LOCATION			
MEG	WHILE AT WOR	NOT WHILE	STREET, F.	FACTORY, FARM, ETC.)	STREET	CITY OR TOW	/N CO	YTHUG
	22a   Certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry , and in m							
	death re	esulted fram: N	Natural causes	Accident Suicide	Homicide	Undetermined mo	nner .	
	ACTUAL SIGNATU	ART OF	28/1	(PA)	TITLE (SPECIFY)	MEDICAL EXAM	DATE,	spril2
4	EXAMPLE OR	PRINT) Jo	hn S. Roge	rs, M.D.	ADDRESS 1919	Seminary		
23a.		mation, remove urial	5/1/85	St. John's		23d LOCATION CHYORTOWN Beltsvi	ille P.G	
					I	DCTCOVI	1.0	· Hary

07/B4 25M

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

**DHMH - 17** (VR A15 ME (5))

Church Cemetery Charch Sons F.H. P.A. Hyattsville, Maryland MAY

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DIVISION OF VITAL RECORDS, 201 W, PRESTON ST., BALTIMORE, MARYLAND 21201

SINE OF MAKILAND	C		
DEPARTMENT OF HEALTH AND MENT	AL	HYGIENE	
CERTIFICATE OF DEATI	Н		

1	FOR STATE REGISTRAR									
		FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
(TYP	E OR PRINT)	HELEN	A	gnes	Sì	NYDER				9:41a M
3. SE				te			6 AGE (IN YEARS LAST BIF			IF UNDER 24 HRS
							_	_		Y MD.
	LANHAM		DOCTOR	HEACILITY, GIVE STREET	ADDRESS)				126 KIND (	stries stries
13a.	aryland	13b. COUNT	Y	13c CITY OR TOW	N	134 INSIDE CITY LIMITS?			ed Dr	20704
14 F		e "	DDLE •	Peterso	n	Bessie	D MIDDLE			
						Nimberly Sv				
STATE REDISTAR   PROJECT   PART   REG NO   REG	o									
TIFICATIO	19a DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		IN CERTIFY	ING CAUSES	OF DEATH?
270	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.	M. MONTH DA		21c. HOW INJURY OCCURR				
STATE REGISTAR   STAT	STATE									
	saw the decea abave, (1) (ve)				, or	nd that in my (aur) apinian o			and fram the	
	EASED NAME  PREMILE AGREE  AGREE  HELEN AGREE  Female  I. RACE  HELEN AGREE  S. DATE OF BRIT  MARRIED  AGREE  FOR TOWN OF DEATH  II. NAME OF HOSPITAL OURSING HOME OF OTHER BRUTHLOON  OF THE WINDOWS OF THE MARRIED  OF THE WINDOWS OF THE WIND	SIGNED								
	,	_	end)	Ren			over Rd (	and l	me pro	

DHMH - 16 60M 7/84

O FUNERAL DIRECTOR rould be detach in the State De

PORTANT, If hem 21 is

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

(VRA 15, 4)

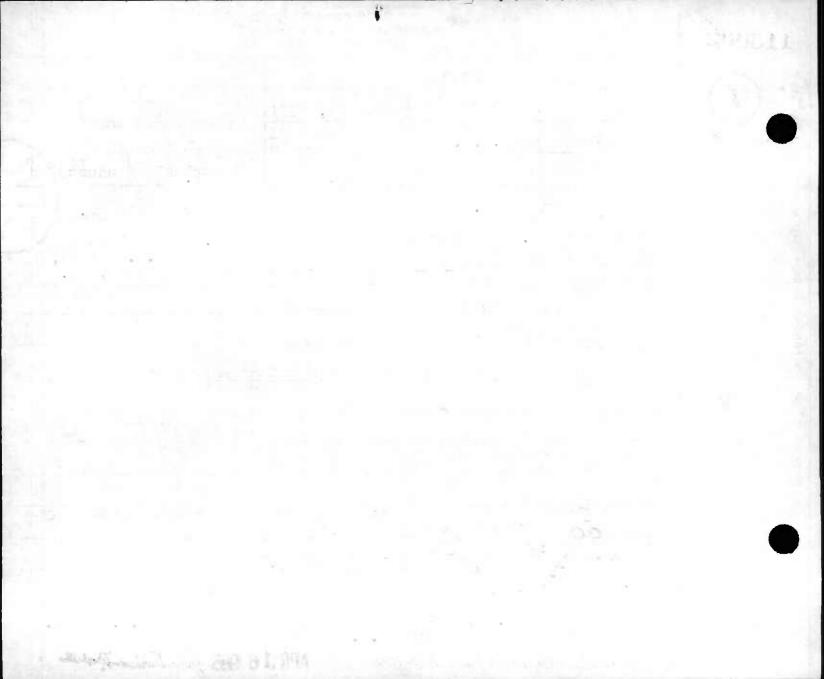
24 FUNERAL DIRECTOR

236 DATE 236 NAME OF CEMETERY OR CREMATORY Apr. 13, 1985 Maryland National

23d LOCATION Laurel P. C.

 $Md^{\text{STATE}}$ 

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	2	4.5	- 3	2
ä	line	· ·	Come .	9

- STATE REGISTRAR			CERTI	FICATE OF DEATH	REG	. NO.		
1. DECEASED NAME (TYPE OR PRINT)	Wilbur	Irvin	S	inyder	April 1		DAY YEAR	5 A M
Male  BIRTHPLACE (STATE		Thite	MONT	OF 8 IRTH  DAY YEAR  25 1903	6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
Indiana		S.A.	MARRIE	ED NEVER MARRIED	Prince (			y MD.
CITY OR TOWN OF D	491	of in such facility, gives 6 Harford	RSING HOME (TREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUP	ATION	126 KIND C	Employed
Maryland	13b COUNTY P.G.	STITUTION GIVE RESIDENCE E 13c. CITY OR Belts		13d INSIDE CITY LIMITS?	13e.STREET ADDRES 4916 Hax	s / ZIP CODE	re. 207	05
Merton	Austin	Snyde	er	15. MOTHER'S MAIDEN NA  Eva	ME MIDDLE		Shan	-
WAS DECEASED EV			2-2399	Annie F. Coll				rford Ave lle, Md.
	ATH (Enter only one of	ause per line for (a), (b	ond (c)	oma. Lu			BETWEEN	ONSET AND DEATH
	use fost.		TO DEATH BU	T NOT RELATED TO THE TERM				
190 DATE OF OPEI  210. ACCIDENT WAS		CONDITION FOR WI	HICH OPERATIO	DN WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDI YING CAUSES	
OR CONTRIBUTING	CAUSE OF DEATH LEDICAL EXAMINER)  URRED 21e	TIME OF INJURY OUR A.M. MONTH P.M.  PLACE OF INJURY HOME STREET, FACTORY OF	DAY YEAR 19	211 LOCATION		njury in Item 18 P/	COUNTY	STATE
22a I certify that		nded the deceased from	0-	and that in (my) (our) apinion	death accurred on the	e date and hour	and from the	that (I) (we) lost
226. SIGNATURE	canle	Win	2		MEDICAL S DIRECTOR PHY	TAFF SICIAN 🗌		SIGNED 1985
	Devore,	f.D.		22e. ADDRESS 4203 Queens	bury Read	- Hyatt	sville	, Maryla
Burial, CREMATIO (SPECIFY) Buria	N, REMOVAL 23b C	/4/85		cemetery or crematory incoln Cemeter	y Brentwo		P.G.	Maryland
FUNERAL DIRECTOR Gasch's		P.A. Hyatt	sville,		R 4 1985	0 .		andete.

DHMH - 16 60M 7/84 (VRA 15, 4)

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4739 Baltimore Ave. Hyattsville, Md. 20781

(VR A15 ME (5))

STATE OF MARYLAND

Charles

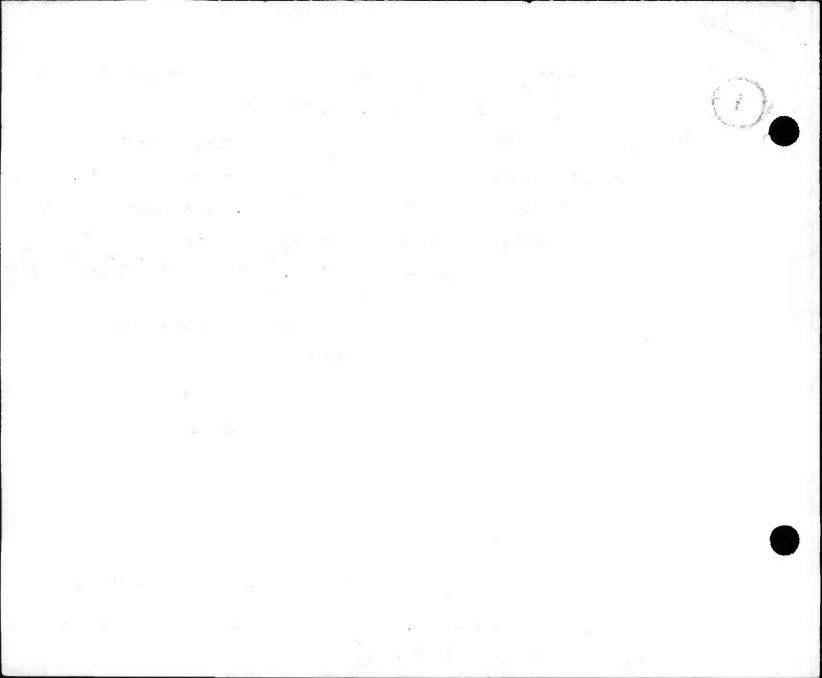
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TO FUNCEAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burso-trains permit. Then please remove carbon papers. Pages I and 2 s/GOId be filled with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

BP\_\_\_\_\_\_ DHMH - 16 50M 4/83 (VRA 15, 4) FOR
- STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

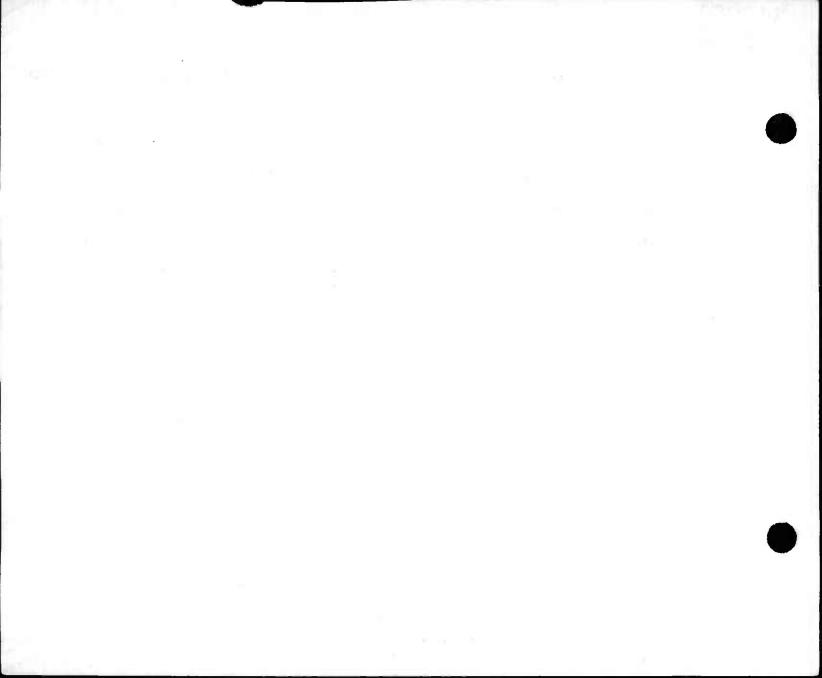
-	- STATE REGISTRAR				CERTIF	ICATE OF DEAT	TH	REG. N	Э.			
	CEASED NAME	FIRST	,	AIDDLE		AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOU	JR
,		HAROLD		F <sub>reder</sub>	rick	STELZER		Ar	ril	16 85	12:2	26a
3. SE	×	4.	RACE		5. DATE C	OF BIRTH	VEAD	6. AGE (IN YEARS LAST 8TR		MONTHS DAYS		Z4 HRS
M	<b>lale</b>	þ,	aucas	ian	Sept	12, 1	912	72	YRS	1		
	IRTHPLACE (STATE	OR FOREIGN 7b		WHAT COUNT	RY? 8.	DE NEVER MARK	RIED 🗆	9. BALTIMORE CITY O	R COUNT	TY OF DEATH		
	Texas		USA		WIDOWE			Prince (	eor	ge's		٨
10. CI	ITY OR TOWN OF	DEATH 11		HOSPITAL, NUI		OR OTHER INSTITUT	ION	12a USUAL OCCUPATI			OF BUSINI	ESS C
An	drews A	AFB I		lm Gro				Salesman		Int'		ar
USU	AL RESIDENCE (#	NURSING HOME OR OTH	HER INSTITUTION.	GIVE RESIDENCE 8		13d INSIDE CITY L	IAAITS?	13e STREET ADDRESS	ZIP COI	DE		
	MD	Char	_		ata	YES NO		Rt. 4,Box			2064	6
14. FA	ATHER'S NAME		DLE	LAST		15 MOTHER'S MA					A C Y	
Y .	Fred		rake	_	lzer	Vern	on	Edith	1	Perk	ins	
	WAS DECEASED E	VER IN U.S. ARME	D FORCES?	166 SOCIAL S		17 INFORMANT	Wife	ADDRE	SSRt	. 4, B	ox 4	26
1	YES, NO OR UNKNOWN	(IF YES, GIVE W	/AR OR DATES)	462-0	9-1636	Lelia				Plata		
	1	EATH (Enter anly	one couse per								XIMATE INTE	
	PART I. DEAT	H WAS CAUSED E	3Y:	Cardi		ardiopulmo	onary	arrest		DE I WEET	Y ONSET AND	JULKI
NO NO	PART 2 OTHER		(c) <u>X</u>	Hypet	TUSLON	nypertens:		IN AL DISEASE OR CON	DITION G	IVEN IN PART 1	lia	_
CERTIFICATION	190 DATE OF OPE	ERATION	19b. COND	TION FOR WH	IICH OPERATIO	n was performe	D	20a AUTOPSY?	IN CERT	ES, WERE FIND TIFYING CAUSE YES []		TH?
		CAUSE OF DEATH	21b. TIME O HOUR A. P.	M. MONTH	DAY YEAR	21c HOW INJURY	COCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	8 PART I OR PART 2)		
MEDICAL	21d INJURY OCC	T WHILE T	21e. PLACE	OF INJURY BEET, FACTORY OFF	ICE FARM ETC )	211 LOCATION STREET		CITY OR TO	wn	COUNTY		STATE
		t (I) (this hospital eased alive an e) (did) (did not) v					9 8 5 apınian c	ta L Ap		our and from th		
	226. SIGNATURE	CAROL A	B RUPE	olls.		PHYS	NDING SICIAN [	MEDICAL STAI DIRECTOR PHYSIC		100	E SIGNED	8
	22d. PHYSICIAN	ON A.B.	Rupe	MD		MALCOLM	GROW	USAF MED (	CEN,	ANDREWS	AFB	, MD
	BURIAL, CREMATIC (SPECIFY)		23b. DATE			EMETERY OR CREM		23d. LOCATION CITY OR TOWN		COUNTY	305	STATE
24 E	Buria		4/18	/85 I	it. Kes	st Cemet	ery	La Pla	25h PEC I			P.
	-		4/18	/85 Nalace		st Cemet D	ery 250 DATE AP	La Plate Rec'd. By Registrar R 1 9 1985	25b. REGI	Char STRAR'S SIGNA		4



DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR FIECK FUNERAL HOME INC. 7601 SANDY SpRING Rd. LAUREL Md. 20107

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE una Navidson-Mandale



1140335

FOR STATE REGISTRAR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

REG.	NO

	DECEASED NAME	FIRST		AIDDLE	L	.AST		20. DATE OI	DEATH MO	NTH	DAY YEAR	2b. HOU	JR .
1	(TYPE OR PRINT)	Mary	A		Stroh	ecker		APF	RIL 13,	198	35	11:	30a <sub>4</sub>
3	SEX		4. RACE		5. DATE C				EARS LAST BIRTHD		IF UNDER I YEAR	IF UNDER	
	Female		White	2	08	20	1925	59		YRS	MONTHS DAYS	HOURS	MIN.
7	a. BIRTHPLACE (STAT	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVE	R MARRIED	9 BALTIMO	RE CITY OR	COUNTY	Y OF DEATH		
Я.	Virgin	nia	U.S.A.		WIDOWE		DIVORCED X	Prin	oo Coo	rant	s Count		AAD
+	CITY OR TOWN OF	DEATH	11. NAME OF H	HOSPITAL, NURSIN					OCCUPATION		125. KIND O		ESS OR
1	LANHAM		DOCTOR	H FACILITY, GIVE STREET  HOSPI	FAL of	P.G.	Co.		k for most of w etary	ORKING LI	Nat.	Elec	. Con
1	STATE  Maryland	13b COUN P. (	OTHER INSTITUTION	GIVE RESIDENCE BEFOR 13c. CITY OR TOW Riverda	E ADMISSION)	13d. INSIDE	CITY LIMITS?		ADDRESS / Z			-7	Ass
÷	FATHER'S NAME	1		RIVELUA	16	YES X	NO T		OOUN A	ven	ue 2073	/	
1	Charles	3	MIDDLE	Strohec	ker	_	FIRST	WE	E.		Wils		
Ti	MAS DECEASED E	VER IN U.S. AR		166 SOCIAL SECU	JRITY NO.	17. INFORM	MANT		ADDRESS	-	2900 Car		ο Δν.ο
L	(YES, NO OR UNKNOWN	(IF YES, GIVE	E WAR OR DATES)	578-30-	2667	Elea	nor R. I	Wilson	(Cousi		NE Wash	. DC	2001
Г	18. CAUSE OF D	EATH (Enter an	ly ane cause per	line far (a), (b), an	id ici	0_'	1 0				APPROXI BETWEEN	MATE INTER	EVAL DEATH
ı	PART I. DEAT		E CAUSE (a)		Dep	tus	Shoel	<u></u>					
ı			DUE TO, OF	R AS A CONSEQUI	ENICE OF	9-	0						
ı	Conditions, if		(b)	Me	Hast	ralle	Xem	Q Cau	ar				
П	gave rise to cause (a), s		DUE TO OF	R AS A CONSEQU	ENCE OF		<	)					
ı	underlying co	ause last.	( (c)										
L		SIGNIFICANT C	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELAT	ED TO THE TERM	INAL DISEAS	e or condit	ION GIV	EN IN PART 10	3	
1	190. DATE OF OPI												
1	190. DATE OF OP	ERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PER	ORMED	20a AUTO	OPSY? 2		S, WERE FINDIN		
1	E							YES 🗌	NO		S	NO [	
1	21a. ACCIDENT WAS			FINJURY M. MONTH D.	AV VEAD	21c. HOW	INJURY OCCUR	RED (ENTERNA	TURE OF INJURY IN	NITEM 18 F	PART   OR PART 2}		
П	OR CONTRIBUTING	MEDICAL EXAMINER	37A		19								
1	(IF EITHER NOTIFY 21d. INJURY OCC		21e PLACE (	OF INJURY		21f LOCA				-	COUNTY		TATE
1	MHILE □ NO	T WHILE	(AT HOME STR	EET, FACTORY, OFFICE P	ARM, ETC )	STRI	ET		CITY OR TOWN		COUNTY	2	IAIE
ı	77% I certify tha	7.3-	toli aftended the	Orlecensed from	Dow		1001	10	elon	13	1085	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	we) last
ı	sow the dec	eased alive an	HOOSE	19	O. or	nd that in (m	y) (our) opinion	deoth accurre	d on the date	and hav	or and from the	causes sta	ated
ı	abave, (1) (w	e) (did) (did nat	wiew the body	after death.		DEGREE					22c DATE	EKSMED	
ı		m/1.	1-A-	>		DEOREE	ATTENDING _	MEDICAL	STAFF		$\varphi$	MA	
4	22d. PHYSICIAN	HOME YOUR O	$\Delta J V$			22e. ADDR		DIRECTOR	PHYSICIAI	<u>ч Ц</u>	47	40	1
ı													
+		David H					Woodyar			on, I	Md.		
12	30 BURIAL, CREMATION (SPECIFY) Buria	ON, REMOVAL					RCREMATORY	23d. LOCA	t Land		COUNTY	5	TATE
1	Burla	.1	4/17/		edar F	Hill C	emetery			Ρ.		ryla	ind
1	Fruit Release Ca	sch's S	ons Fun	eral Home	e, P.A	A.	25 g/40 PCT	ELKE J.D. C. BA	SOS RAR 256	REGIST	RAR'S SIGNAT	RELABOR	-
L	4739 Balti	more Av	e. Hyat	tsville,	Md. 2	20781			4				

TO FUNERAL DIRECTOR: A should be detached for use with the State Dept, of Heal

DHMH - 16 60M 7/84 (VRA 15, 4)

Property of the second second

23c. NAME OF CEMETERY OR CREMATORY

George Washington Cem.

23d. LOCATION

Adelphi

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

P.G.

Maryland

**DHMH - 17** (VR A15 ME (5)) 23a BURIAL CREMATION REMOVAL 23b. DATE

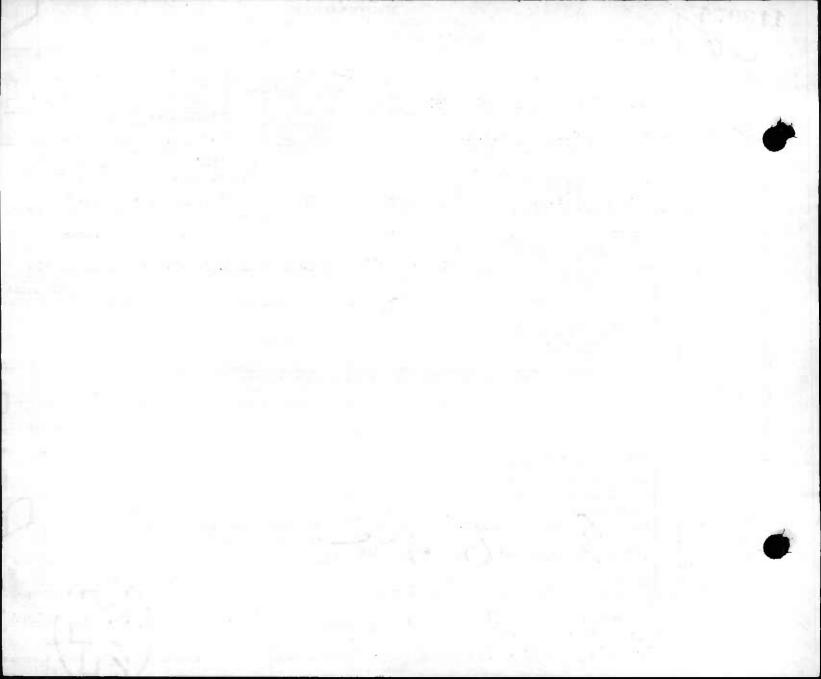
Burial

4/16/85

4739 Baltimore Ave. Hyattsville, Md. 20781

24 Francis Gasch's Sons Euneral Home, P.A.

20M 4/82



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. F. C. C. Company of the company of

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbanpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

DHMH - 16 60M 7/84 (VRA 15, 4)

injury, ar ather traumotic event, the

IMPORTANT: If them 21 is morked or them 18 shows any

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page 3 er death rs ofter

FOR STATE

STATE OF MARYLAND	5 3
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

REGISTRAR				CERTII	ICAIL OF	DEATH	REG.	NO.			
DECEASED NAME	FIRST		MIDDLE		AST		20. DATE OF DEATH	MONTH (	DAY YEAR	26 HOUR	₹
CATI	LERINS			TAT	om		4/26	183	5	12	Mi
SEX	- 4	RACE		5 DATE C			6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER ! YEAR	IF UNDER 2	
F		L	SHITE	MONT	5DAY	1900	83	5 YRS	MONTHS DAYS	HOURS	M/N,
	OR FOREIGN 76	CITIZEN OF	WHAT COUNTR	Y? 8	- [] NEVED	MARRIED -	9 BALTIMORE CITY		OF DEATH		
Richmond	VA	U	SA	WIDOW	DX D	NORCED		Geo.	County		MD.
CITY OR TOWN OF D	EATH 11		HOSPITAL, NUR		OR OTHER INS	NOITUTION	12g USUAL OCCUPA		126 KIND C	)F BUSINES	SOR
GREEN BEL	TG	PEEN	BELT	No C	TR						
JOUAL RESIDENCE (IF NO. 30, STATE	IRSING HOME OR OT	HER INSTITUTION	GIVE RESIDENCE BEF		136. INSIDE	CITY LIMITS?	13e.STREET ADDRESS	S / ZIP CODE	-		
Md.		Geo.	Green		YES 🗌	NO 🗌	15H Park			770	
FATHER'S NAME	MI	DDLE	LAST		15. MOTHER	'S MAIDEN NAM	AE MIDDLE		Bayliss		4
WAS DECEASED EVE			166 SOCIAL SE	CURITY NO.	17 INFORM	ANT	ADD	RESS 142	2 Laure	lhill	Rd
(YES, NO OR UNKNOWN)	JIF YES, GIVE V	VAR OR DATES)	578-28-	-2785	Mr.	E. Car	lton Tatum	Gre	enbelt,	Md.	
18 CAUSE OF DEA	ATH (Enter anly	ane cause per	line for (a), (b).	ond (c).					APPROX	ONSET AND D	ZAL DEATH
PART I. DEATH	WAS CAUSED	BY:	(	mous	a c	ans	1 t				
	IMMEDIATE	_	D + C + CONICEO	DUENCE OF				19			
Canditians, if ar	ny which	DUE TO, O	R AS A CONSEC	-ter 1'0	Sc Price	to 1	Least D	Sean			
gave rise to in	mmediate	(0)				1					
underlying cou		DUE TO, O	R AS A CONSEC	DUENCE OF	/tu/P/	Ertern	u'an				
PART 2. OTHER SI	GNIFICANT CO	NDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR CO	NDITION GIV	EN IN PART 1	a	_
Z C		Re	1100	Fas Pu	41	any	21				
19a DATE OF OPER	RATION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERF	ORMED	20a AUTOPSY?		S, WERE FINDI		
Ĕ							YES TI NOT		YING CAUSES	OF DEATH	4?
NO DATE OF OPER 21g. ACCIDENT WAS U	INDERLYING	21b. TIME O			21c HOW II	NJURY OCCURR	ED (ENTER NATURE OF IN				
		HOUR A.	M. MONTH	DAY YEAR							
OR CONTRIBUTING L		21e PLACE		17	211. LOC AT	ION					
AALINE NO	WHILE [	( AT HOME STE	REET FACTORY, OFFIC	E, FARM ETC }	STREE	T	CITY OR	TOWN	COUNTY	ST	ATE
220.1 certify that	VORK Lasouta	attended th	e decensedding	, 5	-10	1084	- 4-	27	10 85	the (1) /w	re) last
saw the dece	osæd alive on		4/25 19		nd that in my	(our) opinion d	leath occurred an the	date and hau	ond from the		
abave (I)/we	(did) (did nat)	view the bady	after death.		DEGREE				22c DATE		
( Day	01	1.6	a. Osta.	1		ATTENDING		AFF	4/2	7/8.	1
22d. PHYSICIAN'S	NAME ITYPE OR P	RINT)	and		22e ADDRE	PHYSICIAN L	DIRECTOR PHYS	ICIANA	110	1/00	
DAVI	0 5.	Sc.	hachte	/	115	Contaw	of bu	Eau bo	ef m	ill	
3a. BURIAL, CREMATION		23b. DATE		C. NAME OF C	EMETERY OR	CREMATORY	236 LOCATION		COUNTY	SI	ATE
Remo	val	4/27/	85								
4 FUNERAL DIRECTOR			ADDRES	5		1 1 4 4 4 4	REC'D. BY REGISTRA	R 256. REGIST	RAR'S SIGNAT	TURE	
	natomy B	loard		Balt	.o., Mc	MAY	02 1985	Filia Do	widson-A	andelle	. 4

The state of the s and an east waste Tableston Mary Track I all St. 1 Mary Total

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DHMH - 16 50M 4/83

(VRA 15, 4)

MPORTANT: If from 2.1 is marked or them 18 shows any injury, or arher froumatic event, the

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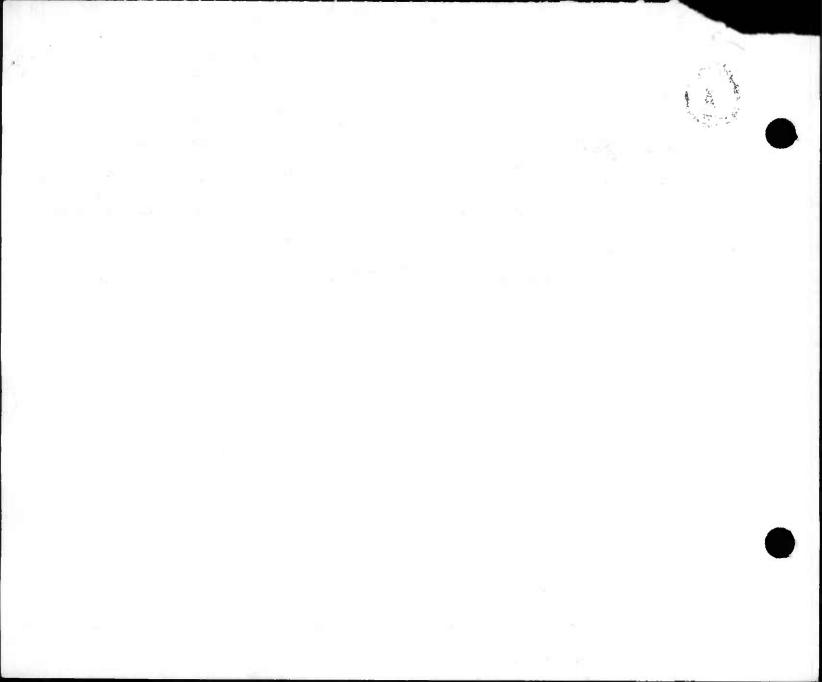
	ST	ATE	OF M	ARYI	AND	B		3
EPARTME	O TH	F HE	ALTH	AND	MENT	AL F	IYGI	Ëħ
	EDI	TEM	CATE	OF	DEAT	H		

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1		FOR		DEPARTMENT OF HI	ALTH AND MENTAL HYG	SIENE			
- 1		STATE REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO.			
ł		EASED NAME FIRST	MIDDLE	L/	.ST	20 DATE OF DEATH M	ONTH	DAY YEAR	2b. HOUR
-1	(TYPE C		nal o.	Tar	VEEL	April		1985	10:25A M
H	3 SEX		4 RACE	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRTH	DAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
N	is	2015	0 1 1 6 00	MONTH	29. 1925	60	YRS.	MONTHS DAYS	HOURS MIN.
H	7a BIR	THPLACE (STAJE OR FOREIGN	PALL CAS	OLINTRY2 8		9 BALTIMORE CITY OR		OF DEATH	
21	ACC.	OUNITY) STATE OR FOREIGN OUNITY)	115	MARRIED		Prince Ge	eorge	e's	MD.
, /		Y OR TOWN OF DEATH	11. NAME OF HOSPITA	AL, NURSING HOME O		120 USUAL OCCUPATIO	N N	12b KIND O	F BUSINESS OR
4	1	BUREL	Greater Lai	rel Beltsv	ille Hospital	U.S.I.A.	VORKII4O LIF		FENMEN
F	USUA 130. ST	L RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVERES	DENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	12600	2070
5	30. 3	ma F	. C. L	AUREL	YES NO	CEDARBA	2014	LA	WE
7	14. FA	THER'S NAME	MIDDLE	LACT	15. MOTHER'S MAIDEN NA			LAS	T
a		OSCAR.	TAL	NEEL	ETHEL		m	A5506	UD_
1		AS DECEASED EVER IN U.S. AR	MED FORCES? 16b SC	CIAL SECURITY NO.	17. INFORMANT	ADDRES	5	AME	A5
	(1)	ES, NO OR UNKNOWN) (IF YES, GIV	w. IL 077	-24-2057	DORIS TAN	EEL 13	A	-E	
		18 CAUSE OF DEATH (Enter on			acatoma De	Muse		BETWEEN	MATÉ INTERVAL ONSET AND DEATH
	- 1	PART I. DEATH WAS CAUSE IMMEDIAT	ED BY: TE CAUSE (a) HEV	vi kesp	Well of ga	war			
	- 1		DUE TO, OR AS A	ONSEQUENCE OF	hem	Muye			
		Conditions, if any, which	( (b) )	eure a	- 0				
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A	CONSEQUENCE OF SW MUTUA	Carinon	a A lux	/ .		
H		underlying cause last							
	z	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR COND	ITION GIV	VEN IN PART 10	0
1	TION	9a. DATE OF OPERATION	18h CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED	200 ADI OPSY?	20b IF YE	S, WERE FINDIN	NGS USED
	CERTIFICAT	190. DATE OF OFERATION	170 CONDITION	OK WHICH OF EKANO	THE TEN ON TEN	VES NOT		FYING CAUSES	OF DEATH?
-	ERT	710. ACCIDENT WAS UNDERLYING	7 216 TIME OF INJUI	RY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY			
1	AL C	OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. M	ONTH DAY YEAR					
	U	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e. PLACE OF INJI	URY 19	21f LOCATION			COUNTY	STATE
	A.	MILE NOT WHILE D		TORY, OFFICE, FARM, ETC }	STREET	CITY OR TOW	N	COUNTY	SIATE
		220 I certify that (1) (this haspi	ital) attended the decer	red from H -	14 10 85	10 4-2	7-	19 03	that (1) (we) last
		saw the deceased alive on	4/2/1	19	nd that in (py) (aur) apınian	death accurred an the dat	le and hai	ur and from the	
		abave, (1) (we) (did) (dig no	at) view the bady after d		DEGREE			22c. DATE	SIGNED
		, MOO	Min	2 1	ATTENDING PHYSICIAN	MEDICAL STAFF	AN 🗌		
1		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT	. /	22e ADDRESS	10 10	0	m/ - Pa	1.1.1 11
		15.6- Y	naneine	hich	142012	course ja	NOC U	- ocen	NUN MID
	23a B	SURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	1	REMATION	4/29/8	5 BALTO.	WASH. CREI	motory LAC	REL	PG	MD.
	24 FL	INERAL DIRECTOR		LAURE ADDRESS	6,100 2000 250 DA	TE REC'D. BY REGISTRAR 2	Sh. REGIS	TRAR'S SIGNAT	TURE
	FI	ECK F.H. II	NC. 7601	SANDY SO	R. RD. 1	1 1905	Ticha	Want down	yonder.



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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. at Health and Mental Hygiene prior to burial, cremation, ar remayal.

1 -	FOR STATE REGIS
1 DECI	ASED

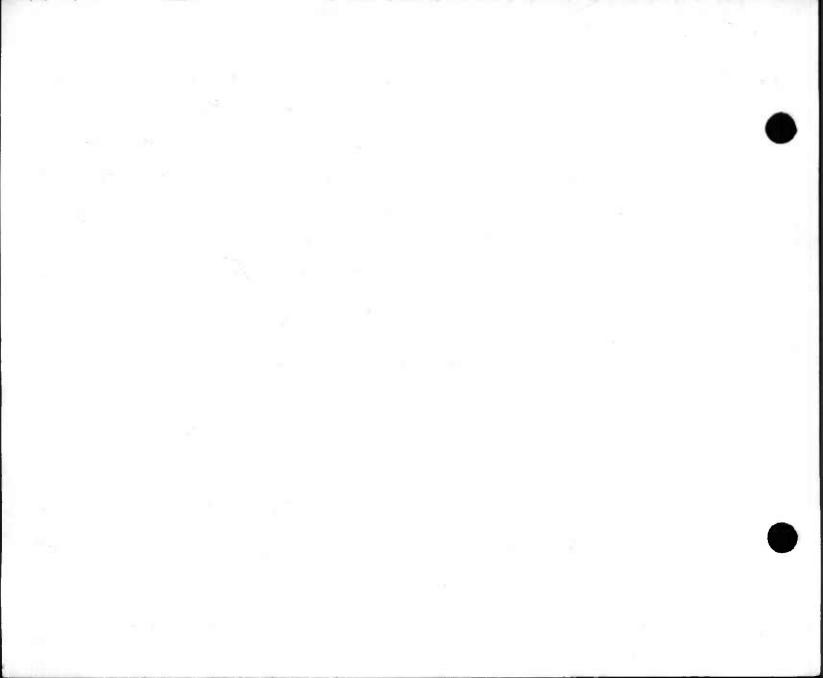
### STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1 DE	CEASED NAME FIRST							
	CEASED NAME FIRST	MIDDLE	LAS		2a DATE OF DEATH MO	NTH DAY	YEAR 2b. HO	UR
,	SUSAN		TAWODA		APRIL 11TH	198	5 7.3	1 A <sup>M</sup>
3. SEX	Х	4 RACE	5. DATE OF		6 AGE (IN YEARS LAST BIRTHD.	AY) IF UNDER	TYEAR IF UND	R 24 HRS
	FEMALE	CAUCASEA	MONTH 2	22 1899	86	YRS.	DAYS HOURS	MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	INTRY? 8		9 BALTIMORE CITY OR C		ATH	
- 0	LEW YORK	11.5 A	WIDOWED	☐ NEVER MARRIED ☐  DIVORCED ☐	PRINCE GEOR	CEIC COL	TATOUT	MD
-	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME OR		17a USUAL OCCUPATION	12b. F	KIND OF BUSIN	
11	LAUREL	GREATER LAUR		TIE HOGDINA	THAIRDEESS	1 April 1	BEAUT	-/
JSU/	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE	CE BEFORE ADMISSION)				IL MOO!	
130. 5	MX 136 COU		4	BE INSIDE CITY LIMITS?	13e STREET ADDRESS / Z	IP CODE	51 1	2020
14 FA	ATHER'S NAME	5 24		S. MOTHER'S MAIDEN N.	AME	INKNO	WA	0/0
/	MICHAEL	MIDDLE DARES	AST	Vature To	- milott	CIVA IV U.	LAST	
	WAS DECEASED EVER IN U.S. AI		AL SECURITY NO. 1	KATHER I INFORMANT	ADDRESS			
		VE WAR OR DATES)			TI	Ca.	- 4	12
				KUBERT -	1. MHWOOA	SAME		13E
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)	nly one cause per line for (a),		v. 1.	to 1/	D BE	APPROXIMATE INT TWEEN ONSET AN	D DEATH
	IMMEDIA	TE CAUSE (0) HOULE	Caronof	ulmonary	taulure a	nd		
		DUE TO, OR AS A CON	VSEQUENCE OF	1 6 10	1 +			
	Conditions, if ony, which gove rise to immediate	( 16) Acul	le Kena	u parun	- one w			
	couse (a), stating the	DUE TO, OR AS A CON	NSEQUENCE OF	· ·	- 0 00 1			
		DUE TO, OR AS A CON	MASSIVE	gastrointes	tinal bleeding	g		
	couse (a), stating the	(c) farte	massive	gastrointes di related to the ter.		ION GIVEN IN P.	ARI 1(0=	
NOI	couse (a), stating the underlying cause last	(c) farte	massive	gastrointes di related to the ter		1	ARI lo	
CATION	couse (a), stating the underlying cause last	(c) farte	MASSIVE NG TO DEATH BUT N		MINAL DISEASE OR CONDIT	ION GIVEN IN P	FINDINGS USI	
TIFICATION	couse (a), stating the underlying cause last	(c) Hente	MASSIVE NG TO DEATH BUT N		MINAL DISEASE OR CONDIT	ION GIVEN IN P	FINDINGS USI	TH?
CERTIFICATION	PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTION  196 CONDITION FOR V  216. TIME OF INJURY	MASTIVE NG TO DEATH BUT N	WAS PERFORMED	700 AUTOPSY? 21	ION GIVEN IN P.  ION GIVEN IN P.  ION GET IF YES, WERE  YES   YES	FINDINGS USI AUSES OF DEA NO	TH?
	COUSE (D), stating the underlying couse last  PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE	196 CONDITION FOR WATER HOUR A.M. MONT	MASTIVE NG TO DEATH BUT NO WHICH OPERATION TH DAY YEAR	WAS PERFORMED	20a AUTOPSY? 21	ION GIVEN IN P.  ION GIVEN IN P.  ION GET IF YES, WERE  YES   YES	FINDINGS USI AUSES OF DEA NO	TH?
	PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTION  196 CONDITION FOR V  216. TIME OF INJURY P.M.  216. PLACE OF INJURY	MASTIVE NG TO DEATH BUT NO WHICH OPERATION  TH DAY YEAR 19	WAS PERFORMED  THE HOW INJURY OCCUI	200 AUTOPSY?  YES NOW RRED (ENTER NATURE OF INJURY IN	DO IF YES, WERE N CERTIFYING C. YES	FINDINGS US AUSES OF DEA NO	ATH?
MEDICAL CERTIFICATION	COUSE (D), stating the underlying cause last  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED	196 CONDITION FOR V  216 TIME OF INJURY HOUR A.M. MONT P.M.	MASTIVE NG TO DEATH BUT NO WHICH OPERATION  TH DAY YEAR 19	WAS PERFORMED	20a AUTOPSY? 21	ION GIVEN IN P.  ION GIVEN IN P.  ION GET IF YES, WERE  YES   YES	FINDINGS US AUSES OF DEA NO	TH?
	COUSE (D), STOTING THE UNDERLYING COUSE LOST  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE THER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	CONDITIONS CONTRIBUTION  19b. CONDITION FOR A  21b. TIME OF INJURY HOUR A.M. MONT P.M.  21e. PLACE OF INJURY (AT HOME STREET FACTORY)	WHICH OPERATION  TH DAY YEAR  19  OFFICE, FARM, ETC.)	WAS PERFORMED  THE HOW INJURY OCCUI	200 AUTOPSY?  YES NOW RRED (ENTER NATURE OF INJURY IN	DO IF YES, WERE N CERTIFYING C. YES	FINDINGS US AUSES OF DEA NO	STATE
	COUSE (D), stoting the underlying cause lost  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK NOTIFY MEDICAL EXAMINE AT WORK NOTIFY TO SOW the deceased olive or some or	196 CONDITIONS CONTRIBUTION 196 CONDITION FOR A 197 CONDITION FOR A 198 CONDITION FOR	WHICH OPERATION  TH DAY YEAR  19  OFFICE, FARM, ETC.)  from 04  19  and	WAS PERFORMED  THE HOW INJURY OCCUP  THE LOCATION STREET	200 AUTOPSY?  YES NOW RRED (ENTER NATURE OF INJURY IN	DE IF YES, WERE N CERTIFYING C. YES	FINDINGS USIAUSES OF DEA	STATE
	PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  27a 1 certify that (1) (this hasp sow the deceased alive or obove. (1) (w) (did not)	CONDITIONS CONTRIBUTION  19b. CONDITION FOR A  21b. TIME OF INJURY HOUR A.M. MONT P.M.  21e. PLACE OF INJURY (AT HOME STREET FACTORY)  (stal) attended the deceosed	WHICH OPERATION  TH DAY YEAR  19  OFFICE, FARM, ETC.)  from 04  19  65  and	WAS PERFORMED  THE HOW INJURY OCCUP  THE LOCATION STREET  THE TOTAL TOTA	200 AUTOPSY?  YES NOW RRED (ENTER NATURE OF INJURY IN	DE IF YES, WERE N CERTIFYING C. YES	FINDINGS USIAUSES OF DEA NO	STATE (www) last
	COUSE (D), stoting the underlying couse lost  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (JF EITHER NOTIFY MEDICAL EXAMINE AL WORK AL	CONDITIONS CONTRIBUTION  19b. CONDITION FOR A  21b. TIME OF INJURY HOUR A.M. MONT P.M.  21e. PLACE OF INJURY (AT HOME STREET FACTORY)  21to ital) attended the deceosed	WHICH OPERATION  TH DAY YEAR  19  OFFICE, FARM, ETC.)  from 04  19  65  and	WAS PERFORMED  THE LOCATION STREET  THOSE THOSE THOSE OPENIOR  THOSE THOSE OPENIOR  GREEN	200 AUTOPSY?  YES NOW  RRED (ENTER NATURE OF INJURY IN  CITY OR TOWN  1 death occurred on the dote	DE IF YES, WERE N CERTIFYING C. YES	FINDINGS USIAUSES OF DEA	STATE (we) last toted
	COUSE (D), stoting the underlying couse lost  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE AT WORK A	19b. CONDITION FOR A  19b. CONDITION FOR A  19b. CONDITION FOR A  21b. TIME OF INJURY HOUR A.M. MONT P.M.  21e PLACE OF INJURY (AT HOME STREET FACTORY)  11tal) attended the deceosed  11th view the bidy ofter death.	WHICH OPERATION  TH DAY YEAR  19  OFFICE, FARM, ETC.)  19  DE	WAS PERFORMED  THE HOW INJURY OCCUP  THE LOCATION STREET  THOUT IN (my) PRINTED  GREE  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NOW RRED (ENTER NATURE OF INJURY IN	DE IF YES, WERE N CERTIFYING C. YES	FINDINGS USIAUSES OF DEA NO	STATE (we) last toted
	COUSE (D), storing the underlying cause lost  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK NOTIFY MEDICAL EXAMINE OF DEVELOPMENT OF THE CONTRIBUTION OF THE CONTRI	CONDITIONS CONTRIBUTION  196 CONDITION FOR A  216. TIME OF INJURY HOUR A.M. MONT P.M.  21e. PLACE OF INJURY (AT HOME STREET FACTORY)  (at a) attended the deceosed  b) view the body ofter deoth.	WHICH OPERATION  TH DAY YEAR  19  OFFICE, FARM, ETC.)  from DH  19  DE	WAS PERFORMED  THE LOCATION STREET  THOSE THOSE THOSE STREET  THE LOCATION STREET  THE LOCATI	RRED (ENTER NATURE OF INJURY IN  1 death occurred on the dote  MEDICAL STAFF  DIRECTOR PHYSICIAN	DE IF YES, WERE N CERTIFYING C. YES	FINDINGS USIAUSES OF DEA NO	STATE  (we) last toted
	COUSE (D), stoting the underlying couse lost  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE AT WORK A	19b. CONDITION FOR A  19b. CONDITION FOR A  19b. CONDITION FOR A  21b. TIME OF INJURY HOUR A.M. MONT P.M.  21e PLACE OF INJURY (AT HOME STREET FACTORY)  11tal) attended the deceosed  11th view the bidy ofter death.	WHICH OPERATION  TH DAY YEAR  19  OFFICE, FARM, ETC.)  from DH  19  DE	WAS PERFORMED  THE LOCATION STREET  THOSE THOSE THOSE STREET  THE LOCATION STREET  THE LOCATI	200 AUTOPSY?  YES NOW  RRED (ENTER NATURE OF INJURY IN  CITY OR TOWN  1 death occurred on the dote	DE IF YES, WERE N CERTIFYING C. YES	FINDINGS USIAUSES OF DEA NO	STATE  (we) last toted
WEDICAL MEDICAL	COUSE (D), stoting the underlying cause lost  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE AL WORK NOT WHILE AL WORK  27a. 1 certify that (I) (this hasp sow the deceased alive or obove, (I) (W) (dw) (did not	(c) HEALE CONDITIONS CONTRIBUTION  196 CONDITION FOR A  216 TIME OF INJURY HOUR A.M. MONT P.M.  216 PLACE OF INJURY (AT HOME STREET FACTORY)  Attal) attended the deceosed of view the body ofter death.  WWW.  DR PRINT)  KARIM	WHICH OPERATION  TH DAY YEAR  19  OFFICE FARM ETC.)  from DH  19  DE	WAS PERFORMED  THE LOCATION STREET  THOSE THOSE THOSE STREET  THE LOCATION STREET  THE LOCATI	RRED (ENTER NATURE OF INJURY IN  1 death occurred on the dote  MEDICAL STAFF  DIRECTOR PHYSICIAN	ON GIVEN IN P.  BIGHT IN P.  BIGHT IN P.  BIGHT IN P.  COUNTY IN P.  COU	FINDINGS USIAUSES OF DEA NO ART 2)  ART 2)  NIV  5, that (I) om the causes s part 2 part	STATE (we) las toted
WEDICAL MEDICAL	COUSE (0), stoting the underlying cause lost  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK NOT WHILE OBOVE, (1) (with 1) (dot) (did not 27b. SIGNATURE)  22a. Certify that (1) (this hosp obove, (1) (with 1) (dot) (did not 27b. SIGNATURE)  22d. PHYSICIAN'S NAME (TYPE)  22d. PHYSICIAN'S NAME (TYPE)  22d. PHYSICIAN'S NAME (TYPE)  22d. PHYSICIAN'S NAME (TYPE)	196 CONDITIONS CONTRIBUTION 196 CONDITION FOR A 197 CONDITION FOR A 198 CONDITION FOR	WHICH OPERATION  TH DAY YEAR  19  OFFICE, FARM, ETC.)  Trom  19  DE  231. NAME OF CEA	WAS PERFORMED  THE LOCATION STREET  THE LOCATION ST	200 AUTOPSY?  YES NOW  RRED (ENTER NATURE OF INJURY IN  CITY OR TOWN  MEDICAL STAFF  DIRECTOR PHYSICIAN  LEGE AVE, CO  23d LOCATION  CITY OR TOWN	ON GIVEN IN P.  DIGHTYES, WERE NOTER TIFYING C.  YES  ON THE MIS PART LORP  COUNTY OF THE MISTORY OF THE MISTOR	FINDINGS USIAUSES OF DEA NO    ART 7)  ART 7)  THE COURSE SHOWER	STATE  (w) last toted  MI
WEDICAL MEDICAL	COUSE (D), stoting the underlying cause lost  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE AL WORK NOT WHILE AL WORK  27a. 1 certify that (I) (this hasp sow the deceased alive or obove, (I) (W) (dw) (did not	196 CONDITIONS CONTRIBUTION 196 CONDITION FOR A 197 CONDITION FOR A 198 CONDITION FOR	WHICH OPERATION  TH DAY YEAR  19  OFFICE, FARM, ETC.)  Trom  19  DE  231. NAME OF CEA	WAS PERFORMED  THE LOCATION STREET  THE LOCATION ST	RRED (ENTER NATURE OF INJURY IN  CITY OR TOWN  MEDICAL STAFF  DIRECTOR PHYSICIAN  LEGE AVE, CO	ON GIVEN IN P.  DIGHTYES, WERE NOTER TIFYING C.  YES  ON THE MIS PART LORP  COUNTY OF THE MISTORY OF THE MISTOR	FINDINGS USIAUSES OF DEA NO	STATE (w) last toted  MI

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	ECEASED NA/	Carl		MIDDLE Edward	Tedrow	20 DATE KNOWN OF ESTI- DEATH MATED	
0.58	EX	14 RACE	5. DATE OF BIRTH			ER 24 HRS. 2c DATE	MINTH DAY YEAR
М	ale	White	July 5.1	YEAR LAST BIRTHDAY	MONTHS DAYS HOURS	MIN. PRONOUNCED DEAD	pril 14 1085
	BIRTHPLACE OREIGN COUNTRY		76 CIMZEN OF WH	AT COUNTRY?	8. MARRIED PONEVER MAR	9 BALTIMORE C	TY OR COUNTY OF DEATH
	ichiga		U.S.A.			RCED   Prince G	George's County
	CITY OR TOWN		II. NAME OF HOSP	PITAL, NURSING HOME,	OR OTHER INSTITUTION	12a. USUAL OCCUPATION FOR MOST OF WORKING LIFE)	
7 1	aurel				sville Hosp.	Printer	Wash. P
130.	STATE	1135 COUN	YTY	RESIDENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS?		- 1 00000
The second	aryland		G.	Laurel	YES X NO		Road 20708
	FATHER'S NAM	ιE	MIDOLE	Tedrow	15. MOTHER'S MAIL	MIDDLE	IAST
346	harles		Francis		Anna	Marie	Amuerson
	YES, NO, OR UNKN		E WAR OR DATES)	16b. SOCIAL SECURITY		ADDR	Maar Coo oam
Y	es-Arm	Kore	a&Vietnam	384-26-943	8 Mrs. Eth	el C. Tedrow	No# 13e.
	gave cause ( lying co	ons, if ony, which ise to immediate b) stating the <u>under</u> use lost.	DUE TO, OR A		F. MY & C.	ovdial b	Disi
CATION	gave cause (a lying co	ons, if ony, which ise to immediate b) stating the <u>under</u> use lost.	DUE TO, OR A  (b)  DUE TO, OR A  (c)  CONTRIBUTING TO DEATH BI	AS A CONSEQUENCE OF	cnyou	ovdial b	20 AUTOPSY?
TIFICATION	gave cause (in lying co	ons, if ony, which ise to immediate by stofing the under use lost.  SIGNIFICANT (ONOTIONS FOPERATION	DUE TO, OR A  (b)  DUE TO, OR A  (c)  CONTRIBUTING TO DEATH BI	AS A CONSEQUENCE OF	F NAL DISEASE OR CONDITION GIVEN IN	ovdial b	ris
AL CERTIFICATION	gave cause ( lying co  PART 2 OTHER  19a. DATE CO  21a EXTERN UNDERLYIN	ons, if ony, which ise to immediate o) storing the under use lost.  FOPERATION  AL CAUSE WAS  G OR	DUE TO, OR A  (b)  DUE TO, OR A  (c)  19b. CONDITI	UT NOT RELATED TO THE TERMIN ON FOR WHICH OPERA INJURY MONTH DAY YEAR	F NAL DISEASE OR CONDITION GIVEN IN	ovdial b	20 AUTOPSY? YES
	gave cause (Lying college PART 2 OTHER 19a. DATE COLLEGE PART	ons, if ony, which ise to immediate operations to immediate operations to include the includent conditions of the	DUE TO, OR A  (b)  DUE TO, OR A  (c)  19b, CONDITI  21b, TIME OF HOUR A.M. DEATH P.M.	AS A CONSEQUENCE OF	F NAL DISEASE OR CONDITION GIVEN IN	PARTIO.	20 AUTOPSY? YES
MEDICAL CERTIFICATION	gave cause (clying co	ons, if ony, which ise to immediate o) storing the under use lost.  SIGNIFICANT (ONOTIONS  F OPERATION  AL CAUSE WAS  G	DUE TO, OR A  (b)  DUE TO, OR A  (c)  19b. CONDITI  21b. TIME OF HOUR A.M. DEATH P.M.  21e PLACE O	UT NOT RELATED TO THE TERMIN ON FOR WHICH OPERA INJURY MONTH DAY YEAR 19	NAL DISEASE OR CONDITION GIVEN IN INTO WAS PERFORMED?	PARTIO.	20 AUTOPSY? YES
	gave cause (clying co	FOPERATION  AL CAUSE WAS  G OR  ING CAUSE OF  OCCURRED  NOT WHILE  AT WORK	DUE TO, OR A  (b)  DUE TO, OR A  (c)  19b, CONDITI  21b, TIME OF HOUR A.M. P.M.  21e PLACEO STREET FAICE  STREET FAICE	UT NOT RELATED TO THE TERMIN ON FOR WHICH OPERA INJURY MONTH DAY YEAR 19 FINJURY (ATHOME, DRY, FARM, ETC.)	F  NAL DISEASE OR CONDITION GIVEN IN  ATION WAS PERFORMED?  21c HOW INJURY OCCUR!  21f. LOCATION  STREET	PART I (a).  RED (ENTER NATURE OF INJURY IN ITE	20 AUTOPSY? YES  M 18 PART 1 OR PART 2)
	gave cause (clying co	FOPERATION  AL CAUSE WAS G OR  OCCURRED  NOT WHILE AT WORK	DUE TO, OR A  (b)  DUE TO, OR A  (c)  19b, CONDITI  21b, TIME OF HOUR A.M. DEATH P.M.  21e PLACE O STREET, FACTO  ge of the remains description	UT NOT RELATED TO THE TERMIN ON FOR WHICH OPERA INJURY MONTH DAY YEAR 19 FINJURY (AT HOME, )RY, FARM, ETC.)	F  NAL DISEASE OR CONDITION GIVEN IN  ATION WAS PERFORMED?  21c HOW INJURY OCCUR!  21f. LOCATION  STREET	PART I (a).  RED (ENTER NATURE OF INJURY IN ITE)  CITY OR TOWN	20 AUTOPSY? YES  COUNTY
	gave cause ( lying co lying co l cer	FOPERATION  AL CAUSE WAS G OR  OCCURRED  NOT WHILE AT WORK	DUE TO, OR A  (b)  DUE TO, OR A  (c)  19b, CONDITI  21b, TIME OF HOUR A.M. DEATH P.M.  21e PLACE O STREET, FACTO  ge of the remains description	UT NOT RELATED TO THE TERMIN ON FOR WHICH OPERA INJURY MONTH DAY YEAR 19 FINJURY (AT HOME, )RY, FARM, ETC.)	F  NAL DISEASE OR CONDITION GIVEN IN INTO WAS PERFORMED?  21c HOW INJURY OCCUR!  21f. LOCATION STREET  Autopsy	PART I (a).  RED (ENTER NATURE OF INJURY IN TELL  CITY OR TOWN  Inquiry	20 AUTOPSY? YES  COUNTY  and in my opinion
	gave cause (cuse (	FOPERATION  AL CAUSE WAS G OR  OCCURRED  NOT WHILE AT WORK	DUE TO, OR A  (b)  DUE TO, OR A  (c)  19b, CONDITI  21b, TIME OF HOUR A.M. DEATH P.M.  21e PLACE O STREET, FACTO  ge of the remains description	UT NOT RELATED TO THE TERMIN ON FOR WHICH OPERA INJURY MONTH DAY YEAR 19 FINJURY (AT HOME, )RY, FARM, ETC.)	NAL DISEASE OR CONDITION GIVEN IN INTO WAS PERFORMED?  21c HOW INJURY OCCUR!  21f. LOCATION STREET  Autapsy , Inspect	PART I (a).  RED (ENTER NATURE OF INJURY IN TELL  CITY OR TOWN  Inquiry	20 AUTOPSY? YES  COUNTY
	gave cause (cuse (	FOPERATION  AL CAUSE WAS  G OR  RING CAUSE OF  OCCURRED  NOT WHILE  AT WORK  In the total transcription of the transc	DUE TO, OR A  (b)  DUE TO, OR A  (c)  19b, CONDITI  21b, TIME OF HOUR A.M. DEATH P.M.  21e PLACE O STREET, FACTO  ge of the remains description	UT NOT RELATED TO THE TERMIN ON FOR WHICH OPERA  INJURY MONTH DAY YEAR  19 FINJURY (AT HOME, DRY, FARM, ETC.)  ribed abave, held an  Accident , Suice	F  VAL DISEASE OR CONDITION GIVEN IN INTERPRETATION WAS PERFORMED?  21c HOW INJURY OCCUR!  21f. LOCATION STREET  Autopsy  Inspect Homicide  TITLE (SPECIFY)  M.D. D. P.	PART I (a).  RED (ENTER NATURE OF INJURY IN ITER  CITY OR TOWN  Inquiry  Undetermined manner	20 AUTOPSY? YES   COUNTY  and in my opinion  DATE OF MATERIAL AND MATE
WEDICAL MEDICAL	gave cause (clying co	FOPERATION  AL CAUSE WAS  G OR  ING CAUSE OF  OCCURRED  NOT WHILE  AT WORK  ATION, REMOVAL	DUE TO, OR A  (b)  DUE TO, OR A  (c)  19b. CONDITI  21b. TIME OF HOUR A.M. P.M.  21e PLACE O  STREET, FACTO  ge af the remains descripted causes	UT NOT RELATED TO THE TERMIN ON FOR WHICH OPERA INJURY MONTH DAY YEAR 19 FINJURY (AT HOME, DRY, FARM, ETC.)  Tibed above, held an Accident Suice	Autopsy . Inspect . Homicide . TITLE (SPECIFY) . M.D	PART I (a).  RED (ENTER NATURE OF INJURY IN TITE)  CITY OR TOWN  Inquiry  Undetermined manner  MEDICAL EXAMINER	20 AUTOPSY? YES   COUNTY  and in my opinion  DATE OF MATERIAL AND MATE

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7. Case us Some L.A. ... Hyatsayille, Marylond

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		1. DE	REGISTRAR CEASED NAME OR PRINT)	1	ME	MIDDLE	NER'S	TAST TAST	ATE OF	Za DAT	REG. KNOWN ESTI- H MATED		DAY YEAR	2b HOUR
PY, PLEASE DIRECTOR THES	72 HOURS IN STREET,	3. SE)	Vale	Amos	5. DATE OF BIRTH MONTH DAY 2 - 7 -	VEAR 6 AGE (III) LAST BIRT 6 9	HDAY) MONE		UNDER 24		TE UNCED	MONTH  MONTH	3 1985 DAY YEAR	2d HOUE
NECESSA FUNERAL 5 FOR YO		So.	RTHPLACE (S REIGN COUNTRY) 1th Car	rolina	76. CITIZEN OF W	HAT COUNTRY?	8 MARE WIDO	WED 🗌	R MARRIED DIVORCED	P1	MORE CIT	George	OF DEATH	MD
N SOL	174	Ch	everly	OF DEATH	OR DITHER NATIFIED IS	SPITAL, NURSING HO	neres	HER INSTITUTION	Ef .	Mainter	nance		OR INDUST	
D. 22 20 F ANY 3. RETA	2 S HOUIT	13a. S M	TATE  THER'S NAMI	P.G.		Glenarde	n	15. MOTHER'S	SMAIDEN	STREET ADD 423 8th		et	2080	)1
DEATH DEATH M PM	160		Alex		MIDDLE	Terry		Ju	llia		WIDDLE		Presco	tt
BALTIMOR S AFTER DE GIVE PAGE	DIVISION	16a. V (Y	VAS DECEASE ES NO, OR UNKNO NO	D EVER IN U.S. AF	RMED FORCES? E WAR OR DATES)	237-09-6		Effie		erry	1223 Glen	-8th Sarden	Street MD 20	0801
ST.,	₹₩.		18 CAUSE C PARTIDE	EATH WAS CAUSE	nly ane cause per lin ED BY: ATE CAUSE	tor (n). (b), and (c).	luste	car	dias	ocule	v dis	earl	APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
201 W. PRE UTED WITHI IN PENCIL I	3 SHOULD BE USED AS A BURIAL - TRANSIT PERMI DEPARTIMENT OF HEALTH AND MENTAL HYGIENE, PRIOR TOBURIAL, CREMATION, OR REMOVAL.		gave ri	ns, if any, which se to immediate ) stating the <u>under</u> use last.	(b)	AS A CONSEQUENC								
RECORDS  ID BE EXECT  PENDING  MEDICAL	AS A BU ALTH AN CREMAT	NO	PART POTHETS	IGNIFICANT CONDITION	_ [ . / .	BUT NOT RELATED TO THE T	ERMINAL DISEA	SE OR CONDITION GI	IVEN IN PART I	1 (0).				
F VITAL RE TE SHOULD WORD "PEI	SURIAL, OF	TIFICAT		OPERATION		TION FOR WHICH OF							20 AUTOPSY	NO (*)
DIVISION OF VITAL RECORDS, HIS CERTIFICATE SHOULD BE EXEC WRITING THE WORD "FENDING" ARDED TO THE CHIEF MEDICAL	PARTMEN PARTMEN RIOR TO	MEDICAL CERTIFICATION		AL CAUSE WAS OR NG CAUSE OF	DEATH P.M	M. MONTH DAY YE	AR	OCATION	CCURRED	(ENTER NATURE OF	injury in item	18 PART 1 OR PA	ART 2}	
ARR AR	120 A A G	ME	WHILE AT WORK	NOT WHILE I	STREET, FAC	TORY, FARM, ETC.)		STREET		CITY OR	rown	cc	DUNTY	STATE
EXAMINER: T CERTIFICATE, UILD BE FORW	TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		death result	,	ge of the remains de ural causes	Accident ,	Suicide	], Hamicide		Inqui	·	and in my o		
MEDICAL E CUTE THE O	R DEATH, IMORE, M		ACTUAL SIGNATURE EXAMINER'S	NAME AND	usto P. Rodi	Luez. M.D.	^	Deputy	- 1	_medicalex.		DATE SIGN		-83
	AFTE BALI	23 o. B	JRIAL CREMA PECIFY) Bur:	VIONIBERROVA		23c. NAME OF C		or CREMATORY Orial Pa	Y	23d LOCATION			George's	STATE
07/84 BP 25M DHMH (VR A15			JNERAL DIREC	TOR ROLL	'/ /	AL HOME, IN			a. DATE REC	CD. BY REGIST	RAR 25b RE	GISTRAR'S	SIGNATURE	3 MD
		_				D.C. 2001	3			-100	4 die	Sew (charge)	- George Contract	

ACCUME PUMERAL MOME, INC. ACCOMMOTOR, D.C. 20019 WASHINGTOR, D.C. 20019

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	1 -	FOR STATE REGISTRAR
1.	DEC	EASED NAME

To. BIRTHPLACE (STATE OR FOREIGN

(TYPE OR PRINT)

3. SEX Male FIRST

DENNIS

4. RACE

7b. CITIZEN OF

DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH		G. NO.	40 6	Q	
MIDDLE	LAST	20 DATE OF DEA	нтиом НТ	DAY YE	AR 2b. H	IOUR
E.	THOMAS		04-	06-85	6	:50AM
ACE	5. DATE OF BIRTH	6. AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER 1	YEAR IF UN	DER 24 HRS
Black	Oct. 16, 1945	39	YRS.	MONTHS	DAYS HOU	RS MIN.
CITIZEN OF WHAT COUNTRY?	MARRIED A NEVER MARRIED	9 BALTIMORE C	TY OR COUNT	Y OF DEAT	'H	
USA	WIDOWED DIVORCED	PRINCE	GEORGE	15		MD.
	NG HOME OR OTHER INSTITUTION	12a USUAL OCCU				INESS OR
RINCE GEORGE	S GENERAL HOSPITA	Truck			IKT	10
ER INSTITUTION GIVE RESIDENCE BEFOR		13e STREET ADDR	ESS / ZIP COL	OF A	11/1	4.5
Landove		7701 M			ive	
LE LAST	15. MOTHER'S MAIDEN				LAST	
Thomas	Rebecca	Mid	Dit	For	rest	

Virginia USA 10. CITY OF TOWN OF DEATH NAME OF PRINCE CHEVERLY USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION 130. STATE Marvland G 14. FATHER'S NAME FIRST MIDDLE Branford 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Mrs. Linda A. Thomas-wife-7701 (IF YES, GIVE WAR OR DATES) Michelle Drive, Landover, Md. no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ 71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M ( IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OF TOWN AT HOME STREET, FACTORY, OFFICE FARM, ETC ) STATE STREET NOT WHILE WHILE 220.1 certify that (1) (this haspital) attended the deceased from and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED

FUNERAL DIRECTOR: shauld be detached far with the State Dept. of MPORTANT. BP.

and Mental Hygiene prior

ar Item

marked

DHMH - 16 60M 7/B4 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

23¢, NAME OF CEMETERY OR CREMATORY 985 Harmony Memorial

22e. ADDRESS

ATTENDING

STAFF DIRECTOR PHYSICIAN

/ MEDICAL

Woodyard Rd #201 Clinton Hd 20735

CITY OR TOWN LandqueryNaryland Park

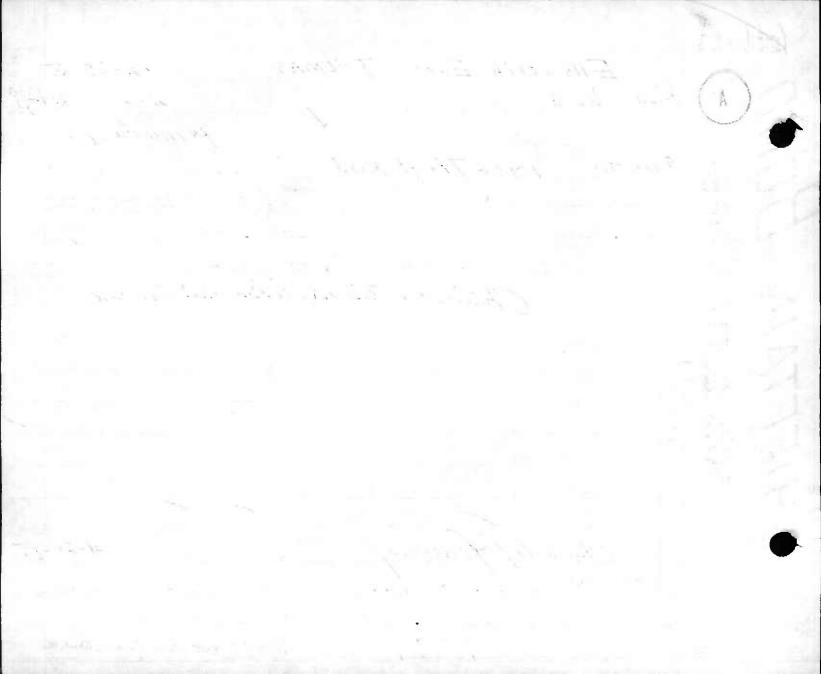
POR REC'D BY SEG BRAN 200 REGISTRAR'S SIGNATURE Home-4001 Benning Road, N.E Funeral

WATER TO

TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VPAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STABALLIMORE, MARYLAND, 2 EXAMINER'S NAME Augusto P. Rodriguez. 5009 Rayburn Ct., Temple Hills, Md TYPE OR PRINT **ADDRESS** 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Abril 25, 1985 Ft. Lincoln Cemetery Burial Brentwood, Maryland BP 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. DHMH - 17 (VR A15 ME 6631 Old Alexander Ferry Road, Clinton, Maryland

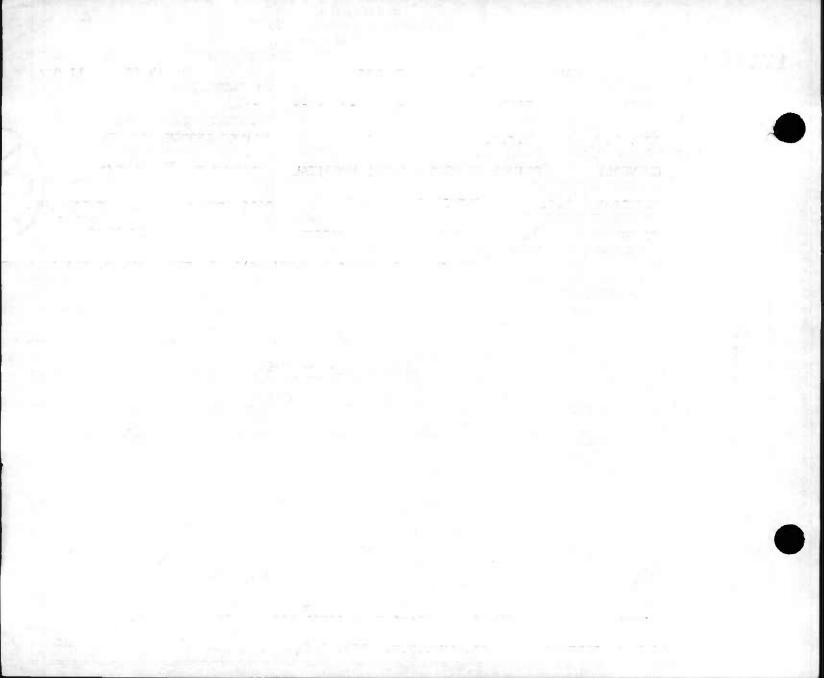
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	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYG
- STATE REGISTRAR	CERTIFICATE OF DEATH

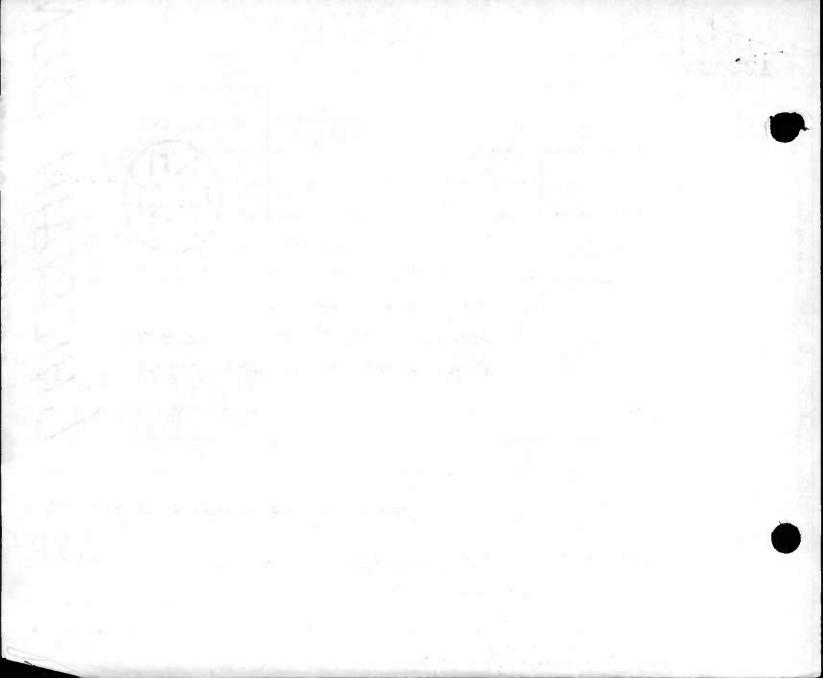
no	1 DEC	STATE REGISTRAR CEASED NAME	FIRST	MIDE	DLE		AST AST	REG 20 DATE OF DEATH	NO.	DAY YEAR	2b. HOUR
UU		OR PRINT)	MARY	E		THO		IN DAIL OF BEAT	04 24		11 02/
. /	3. SEX	· FEMALE		BLACK		5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	HOURS MI
K		RTHPLACE (STATE OF WASH., D.C	R FOREIGN	U.S.A.	AT COUNTRY?	8. MARRIED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY	OR COUNT		
1	1	CHEVERLY		PRINCE G	EORGES (	GENERA	AL HOSPITAL	120 USUAL OCCUP LTYPE OF WORK FOR MO HOUSEWIFT	ATION STOF WORKING LII	FE) 12b. KIND ( INDUSTRY N/A	OF BUSINESS (
影	13a. S	AL RESIDENCE (IF NOT STATE MARYLAND	136 COUN P.G.	OTHER INSTITUTION, GIV TY 13	VE RESIDENCE BEFORE  LE CITY OR TOWN  SUITTLAND	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO [	13e.STREET ADDRES 3512 SILV			TLAND,M
60	14 FA	JAMES	۸	AIDDLE M.	NASH	1	15. MOTHER'S MAIDEN NA SALLIE	ME MIDDLI		ROBINS	20746 ON
medical	16a V	VAS DECEASED EVE VES NO OR UNKNOWN) NO			6. SOCIAL SECU		17 INFORMANT CHARLES NASH		SILVER	PK.DR.	,SUITLA
event, the		18 CAUSE OF DEA PART I. DEATH V	TH (Enter onl WAS CAUSED	BY: C	e for (0), (b), one ARDIO - 7		NARY ARRE	ST		BETWEEN	CIMATE INTERVAL ONSET AND DEAT
trou		Conditions, if one gove rise to in	nmediote	(p)		CONTRO	LLED SEPSI				
burial, cremation, or iny, or other troumotic	7	couse (a), stot underlying caus PART 2 OTHER SIG	se lost. SNIFICANT C	ONDITIONS CON	TRIBUTING TO E	DEATH BUT	NIA , LUNG AG	MINAL DISEASE OR CO		VEN IN PART 1	10
ows ony injury,	TIFICATION	couse (a), stot underlying caus	SNIFICANT C	ONDITIONS CON	AT. PI	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CO	20b. IF YE	S, WERE FIND FYING CAUSE	INGS USED
18 shows ony injury,	AL CERTIFICATION	PART 2 OTHER SIGNATURE OF OPERATOR OF CONTRIBUTING	SIS, ATION  NDERLYING LAUSE OF DEA'	ONDITIONS CONTACTOR AND MARKET	AT- PI TRIBUTING TO E MALNUT ON FOR WHICH WAE ENL	DEATH BUT RITION OPERATION OF ISR OF YEAR	NOT RELATED TO THE TERM  MILD REM  N WAS PERFORMED	ANAL DISEASE OR CO	20b. IF YE IN CERTII	S, WERE FIND FYING CAUSE ES 🗽	INGS USED S OF DEATH?
or Item 18 shows ony injury,	MEDICAL CERTIFICATION	PART 2 OTHER SIG	SOUTH CONTROL OF THE	ONDITIONS CONTAINED TO THE MICHAEL PLACE OF MICHAEL PLACE	TRIBUTING TO E  MALNUT  ON FOR WHICH  WORE  OF  NJURY  MONTH DA	DEATH BUT  RITION  OPERATION  OPERATION  AY YEAR  19	NOT RELATED TO THE TERM MILD REN N WAS PERFORMED ENT - 10 R/0 EAST 10 R/0	AL FALLUA  200 AUTOPSY?  YES NO RED (ENTER NATURE OF 1)	20b. IF YE IN CERTII	S, WERE FIND FYING CAUSE ES 🗽	INGS USED S OF DEATH?
21 is marked or Item 18 shows any injury.		PART 2 OTHER SIGNATE OF OPER.  19a DATE OF OPER.  21a. ACCIDENT WAS UPON OR CONTRIBUTING TO THE UNIT OF OPER.  21d. INJURY OCCUL  WHILE AT WORK  22a. I certify that (22a.)	SOUTH CANT CONTROL OF THE CONTROL OF	ONDITIONS CONTAINED TO THE HOUR AM.  21b. TIME OF ITH HOUR AM.  21c. PLACE OF (AT HOME, STREET,	TRIBUTING TO E  MALNUT  DIN FOR WHICH  NO F  NURY  MONTH DA  INJURY  FACTORY, OFFICE, F.	DEATH BUT  RITION  OPERATION  OPERATION  OF ACTION  AY YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM MILD REM N WAS PERFORMED FAST TO R/O 216 HOW INJURY OCCUR	AL FALLUA  200 AUTOPSY?  YES NO  RED (ENTER NATURE OF I	206. IF YE IN CERTIII YE IN CERTIFICATION IN CERTIFI	S, WERE FIND FYING CAUSE SS DA PART LOR PART 2)	NGS USED S OF DEATH? NO STATE
If Hem 21 is morked or Hem 18 shows ony injury,		PART 2 OTHER SIG	SIL , ATION  NDERLYING  LCAUSE OF DEA DICAL EXAMINER;  RRED  WHILE  OR J (this hospit	ONDITIONS CON- ANEMIA  196. CONDITION LYMPH IN CANCER  216. TIME OF II HOUR AM. P.M.  21e. PLACE OF (AT HOME, STREET, OI) offended the of 14.24 83	TRIBUTING TO E  MALNUT  DIN FOR WHICH  NO F  NURY  MONTH DA  INJURY  FACTORY, OFFICE, F.	DEATH BUT RITION OPERATION OPERATION AT YEAR 19 ARM. ETC)	NOT RELATED TO THE TERM  MILD REN  N WAS PERFORMED  FAST  21L HOW INJURY OCCUR  21L LOCATION  STREET  DEGREE  M  ATTENDING PHYSICIAN [	AL FAILU A  20a AUTOPSY?  YES NO  RED (ENTER NATURE OF I	20b. IF YE IN CERTII YE IN CERTIFIE IN	COUNTY  19 22c. DATI	INGS USED S OF DEATH?  NO   STATE  that (II (we) lie e couses stated  SIGNED  25  8
Item 21 is morked or Item 18 shows ony injury,		PART 2 OTHER SIGNATURE OF OPER.  21a. ACCIDENT WAS UTOOR CONTRIBUTING (IF EITHER, NOTIFY MET 21d. INJURY OCCUIT WHILE NOTIFY AT WORK AT WORK  22a.1 certify that ( sow the deceo	SIL , ATION  NDERLYING  LCAUSE OF DEA DICAL EXAMINER;  RRED  WHILE ORK  Joek Of this hospit Seed olive on addition of the control of the cont	ONDITIONS CON- ANEMIA  196. CONDITION LYMPH IN CANCER  216. TIME OF II HOUR AM. P.M.  21e. PLACE OF (AT HOME, STREET, OI) offended the of 14.24 83	TRIBUTING TO E  MALNUT  DIN FOR WHICH  NO F  NURY  MONTH DA  INJURY  FACTORY, OFFICE, F.	DEATH BUT RITION OPERATION OPERATION AT YEAR 19 ARM. ETC)	NOT RELATED TO THE TERM  MILD REN  N WAS PERFORMED  FAST  21L HOW INJURY OCCUR  21L LOCATION  STREET  DEGREE  M  ATTENDING PHYSICIAN [	AL FALLIA  200 AUTOPSY?  YES NO RED (ENTER NATURE OF I	20b. IF YE IN CERTII YE IN CERTIFIE IN	COUNTY  19 22c. DATI	INGS USED S OF DEATH? NO   STATE  that (I) (we) late a courses stated SIGNED   STATE



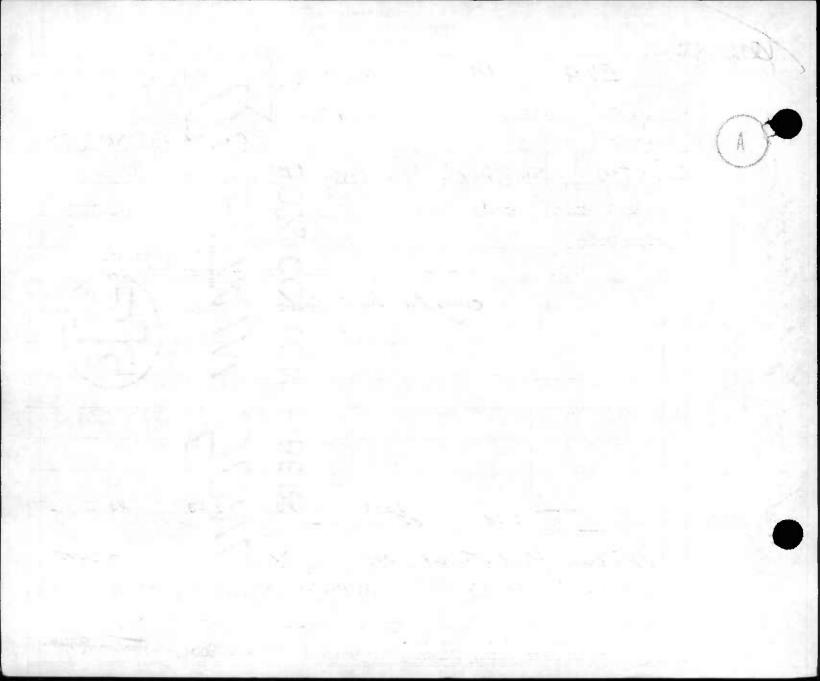
FOR - STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
2025		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
deoe		EARL		THOMPSON		985 4:30Pm
ofter of	3. SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
ours o		MALE	CAUCASIAN	APRIL 24,1921	63 YR	
2 ho	/	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED XX NEVER MARRIED	9. BALTIMORE CITY OR COU	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		INDIANA ITY OR TOWN OF DEATH	U.S.A.	WIDOWED DNORCED	PRINCE GEO	
ed with	1		(IF NOT IN SUCH FACILITY, GIVE STREET		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	
= 0		ADELPHI AL RESIDENCE (JENURSING HOME)	2205 SARANAC STREET OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)		PRINTER	G.P.O.
poole b	13a.	MARYLAND PRI.G	SEORGES 136 CITY OR TOW	N 13₫ INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	
197	14 F	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NAM	ME	LAST
5/6/		JESSE	THOMPSON	ELVA		WOOLPERT
medical			VE WAR OR DATES)		ADDRESS	
d) W		/ES WU	1 II 314-18-	7481 KAYE THOMP.	SON SAME AS	
ovol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per line for (a), (b), one	4 - /		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eve			TE CAUSE (0) LESPIRI	ATORY PAIJURG	-	
no in			DUE TO, OR AS A CONSEQUE			
roun		Conditions, if ony, which gove rise to immediate	( b) INTEST	TITIAL PROSTAT	TIC CARCINO	171/4
other t		couse (a), stating the	DUE TO, OR AS A CONSEQUE			
or of			(c) CARCIA		STATE GAN	$\nu$
o bur lury,	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110
ny in	CERTIFICATION	19a. DATE OF OPERATION	19b CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
le be	FFC					RTIFYING CAUSES OF DEATH?  YES NO NO
8 sho	H.	210 ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	
E		OR CONTRIBUTING CAUSE OF DE		AY YEAR		
o He	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION		
morked	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC ) STREET	CITY OR TOWN	COUNTY STATE
mor		The state of the s	utal) attended the deceased from_	DECEMBER 10 83	10 ARRIL	19 FJ that (I) (was last
21 is		sow the deceased alive or	14PR11 17=19	, and that in (my) (our) opinion of	death occurred on the date and	hour and from the causes stated
ten.		22b. SIGNATURE	ot) view the body ofter death.	DEGREE		22c. DATE SIGNED
te D		( homas H	weelean	m D ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	4/23/45
S A	1	THE PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	DIRECTOR THISICIAN	1
with the Stote		Thomas A.	MACLEAN,	0 / 0	neade Rd.	LAUREL, MD.
	23a. E	URIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	24.51	BURIAL	4/26/85 G	EORGE WASHINGTON		PRI.GEO. MD.
60M 7/B4	Z4. FI		CIS J. COLLINS	IAPR	PRECID. BY REGISTRAR 256, REG	SISTRAR'S SIGNATURE
A 15, 4)		500 UNIV. BLVD.	.W. SILVER SPRIN	G.MD. 20901	4 3 1300	



Film G604 item 6 STATE OF MARYLAND FOR 6/3/85 rja DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH 2b HOUR TYPE OR PRINTS SEX 4. RACE June 18, 1905 Female Black 70. BIRTHPLACE I STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWEXXX Marvland 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION USUAL RESIDENCE (IF NURSING H 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE Prince George's Clinton 5304 Riga Street (20735) Maryland NO [ 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Arthur Swann Annie Linkins 3321 Poplar Drive 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166. SOCIAL SECURITY NO Catherine Mason - Upper Marlboro, MD 218-20-1536 No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM ETC ) WHILE NOT WHILE 22a. I certify that (I) (this hospital) attended the deceased from and that in (my) (our) apinian death accurred an the date and haur and fram the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL DIRECTOR PHYSICIAN old b 23c. NAME OF CEMETERY OR CREMATORY Clinton, Maryland Burial April 27, 1985 Resurrection Cemetery APR 25 1985 Gine Sandon Kandase Lee Funeral Home, Inc. DHMH - 16 60M 7/84 Old Alexander Ferry Road, Clinton, Maryland (VRA 15, 4) 663B



# TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fishould be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 2 and 2 shauld be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. Released TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be 80 Notified Examiner Medical

etained by the haspital ar

BP.

DHMH - 16 60M 7/B4

(VRA 15, 4)

MPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the medical exp

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

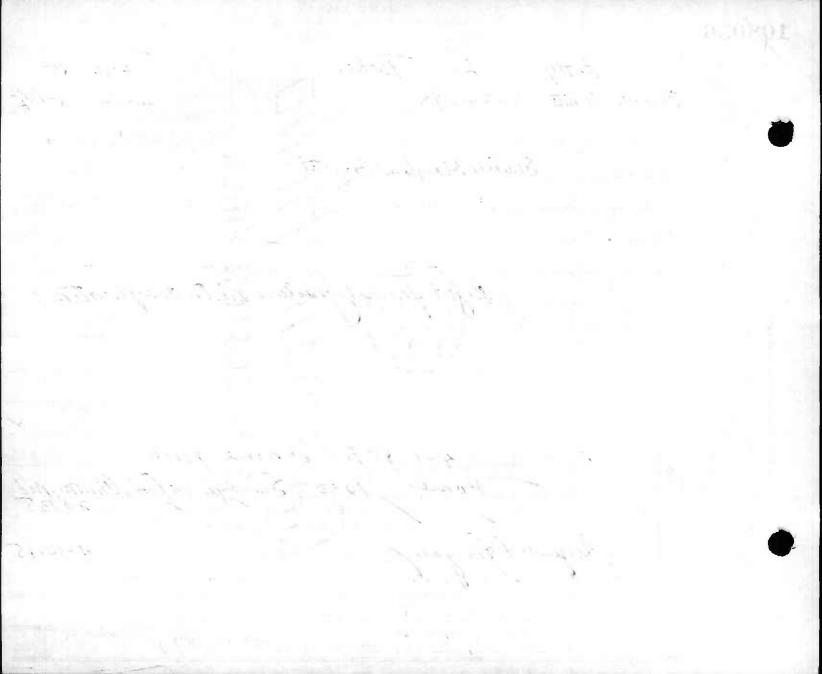
DEPARTMEN

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Ţ	OF	HE	ALT	H AN	MEN	TAL	Y GIENE	
E	RTI	FI	CAT	E OF	DEAT	TH		

1	FOR - STATE REGISTRAR				HEALTH AND MENTAL RYGI FICATE OF DEATH	REG. NO.		
	DECEASED NAME	FIRST	WIDDIE		LAST		AONTH DAY YEAR	26 HOUR
L	S	haron	Lynn	e Ti	itus	April	23,1985	3:30 %
3.	SEX	4. RAC	E	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTH	MONIHS DAYS	
F	emale		White	Dec	10, 1962	22	YRS.	,
4	BIRTHPLACE (STATE OR FO		IZEN OF WHAT C	OUNTRY? 8 MARRIE	ED NEVER MARRIED	9 BALTIMORE CITY OR		
/	laryland		U.S.A.	WIDOW	ED DIVORCED	Prince Ge		MD.
10	CITY OR TOWN OF DEAT	(IF	NOT IN SUCH FACILITY,	GIVE STREET ADDRESS)	Pr. Geo. Co.	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST TYPE OF WOR WORK FOR MOST TYPE OF WORK FOR WO	WORKING LIFE) INDUSTR'	S.A.
∪ M	SUAL RESIDENCE (IF NURSIN a STATE aryland	G HOME OR OTHER II	13c CITY	ence before admission) ( OR TOWN nham	136 INSIDE CITY LIMITS?	Specialist 9903 Green	ZIP CODE	201 20706
14	FATHER'S NAME	WIDDLE	Po	LAST rter	15. MOTHER'S MAIDEN NAM	AE MIDDLE	Cat	loth
16	WAS DECEASED EVER II		ORCES? 16b. SOC	CIAL SECURITY NO.	17 INFORMANT	ADDRES	S Address S	
N	OYES, NO OR UNKNOWN)	(IF YES, GIVE WAR O		-84-1217	Mr. Norman F.	. Titus, III	No# 13e.	
NO. TA CITY OF THE PARTY OF THE		which ediate the last Distriction	(b) Ceal UE TO, OR AS A C (c) TIONS CONTRIBU		T NOT RELATED TO THE TERMI		ITION GIVEN IN PART  206 IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED
	00.000,000,000,000	USE OF DEATH		ONTH DAY YEAR	21c. HOW INJURY OCCURR			
Name of the	21d. INJURY OCCURRI	D 21	P.M e. PLACE OF INJUI THOME STREET, FACTO	RY PRY, OFFICE, FARM, ETC )	211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE
		alive an 4	ended the deceas  - 2  the body after dec	19 4	ind that in (my) (aur) opinion d	eath occurred an the date		
	226. SIGNATURE	ed.				MEDICAL STAFF DIRECTOR PHYSICIA	4/23	<u> </u>
	220 MYSICIAN'S NA		- LLAC		22e. ADDRESS Doctor 8118 Good Luc			
	BURIAL, CREMATION, R		-26-85		cemetery or crematory .ncoln Cemetery	23d LOCATION CITY OR TOWN Brentwood	P. G.	Maryland
	FUNERAL DIRECTOR  NAME Francis Gasc	bla Car	- D A -	ADDRESS	1 4 4 4 3	REC'D. BY REGISTRAR 2		
	Francis Gase	n's Son	5 P.A. 1	lyattsvill	le, Ma.   MA	8 1985 F	inia waydoon-	pande

THE SERVICE SAME

4.04	doro		FOR			DEPARTMENT		MARYLAND H AND MENT L	HYGIENE ! 2	4 4 6	<u> </u>
10	3056		STATE REGISTRAR		ME	DICAL EXA	MINER'S	CERTIFICATE O	OF DEATH REG.	NO	
1			CEASED NAM	E FIRST		MIDDLE		LAST	20. DATE KNOWN	MONTH DAY	YEAR 26. HOUR
	May St	(TYP	E OR PRINT)	Betty	1		lucke	V	OF ESTI- DEATH MATED	1 4-12L	95
	AND THE STATE OF T	3. SEX		4. RACE	5. DATE OF BIRTH		(IN YEARS IF UI	NDER 1 YR. IF UNDER		MONTH DAY	YEAR 2d_HOU
1	ON STATE	FI	male	White	3 - 24	~ 70	YRS.	THS DAYS HOURS	MIN PRONOUNCED DEAD	4-14	1985 CAN
1	XXX ES		RTHPLACE (	STATE OR	76. CITIZEN OF W	HAT COUNTRY?	8 MARE	RIEDXX NEVER MARE	PIED 9. BALTIMORE CITY	OR COUNTY OF D	EATH
	SE S	Wa	ashing	con, DC	USA		WIDOV			orge's Cou	inty, MC
7	空間 1	10. CI	TY OR TOWN	OF DEATH	11. NAME OF HOS	PITAL, NURSING	HOME, OR OTH	HER INSTITUTION	120 USUAL OCCUPATION (1 FOR MOST OF WORKING LIFE)	TYPE OF WORK 126. KIN	ID OF BUSINESS
-	300	C	Linton		Jouthain	Maryla	nd low	pitet	Homemaker	Hon	
1 5	000000		L RESIDENCE	(IF IN NURSING HOME O	OR OTHER INSTITUTION, G	VE RESIDENCE BLEORE A	DMISSION)	13d. INSIDE CITY LIMITS?			
21201	A SET	1	arvlan		George's	Clintor		YEXXX NO	13e. STREET ADDRESS 10505 Brandy	wine Road	(20735)
9	ENHOW.		THER'S NAM				1	15. MOTHER'S MAID	EN NAME		
- H	F S S S S	D.	FIRST	Chanev	MIDDLE	LAST		Della Ba	asford	£,	AST
AOR	200 X 70 7	16a. V	AS DECEASE	DEVER IN U.S. AR	MED FORCES?	16b. SOCIAL SE	CURITY NO.	17. INFORMANT	ADDRE	SS	
BALTIMORE, MD.	JRS AFTER B. GIVE PA WITH FOR DIVISION		S, NO, OR UNKN	OWN) (IF YES, GIVE	WAR OR DATES)	577-70-	7021	Cucan Wi	lliams - Same i	NC #13 N_E	ē.
- 5	RS WITH	_N		OF DEATH (Enter an	alv one cours and	for (a), (b), and (c		/ Susail Wi.	IIIalis - Saile i		PROXIMATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	NE SE	29		EATH WAS CAUSE	D BY: TE CAUSE (a)	gut fe	ninal	fractur	e with con	rplicat	CP11
EST	THIN 24 SIL IN ITE NER ALOR ANSIT PEI AL HYGIE REMOVA		204	ns, if ony, which	DUE 10, 08	AS A CONSEQUE	NCE OF	/			
<u>a.</u>			gave r	ise to immediate				S			
*	TED WITH N PENCIL XAMINEI AL - TRAN MENTAL N, OR RE		cause (a lying co	) stating the <u>under-</u> use last.	DUE TO, OR	AS A CONSEQUE	NCE OF				
, 20	TO A EX				(c)						
SQ.	BOABAA	_	PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	IE TERMINAL DISEAS	SE OR CONDITION GIVEN IN PA	ART I (o		
8		CERTIFICATION									
7	AF HE A	3	19a. DATE O	POPERATION	196 CONDI	TION FOR WHICH	OPERATION V	VAS PERFORMED?		20. AL	UTOPSY?
) E	天空宝コロモン	E									ES 🗌 NO 🖺
O.	THE COTE SI	_	21a. EXTERN UNDERLYING	AL CAUSE WAS	21b. TIME OF	MONTH DAY	YEAR	IOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
O		MEDICAL	CONTRIBUT	NG CAUSE OF	DEATH P.W	4-1	1985 FE	elleth	once porch	1	11.453
NSI N	CERTIFIC DED TO DED TO 3 SHOU DEPART	- G	21d INJURY		21e PLACE	OF INJURY (AT HO FORY, FARM, ETC.)		OCATION STREET	7 CITY OF TOWN	C COPY	STATE.
Ճ	られるのにか	~	AT WORK	NOT WHILE [	+ H	one	10	505 A	andyrend &	m, Chim	m, mel
	NER: TH CATE, W FORWA OR: PA THE STA AND, 21		220. I cert	ify that I taok chore	ge af the remains des	cribed above held	an Autor	psy , Inspectio	an Inquiry I	and in my apinion	-0735
	ANNER: FICATION CTOR: TAND	1	death result		ral causes	Accident ,	Suicide	. Homicide	Undetermined manner	1.	
	ARY ARY			1	.01	7		TITLE (SPECIFY)		,	
	THE CERTIFIED BY WITH WITH WITH WITH WITH WITH WITH WITH		ACTUAL SIGNATURE	Hugers	is y ton	ugae,	- ,	Deput Deput	MEDICAL EXAMINER	DATE SIGNED	-14-85
	SH SH PO			1	D Notes	A MY		5000 P-			
	TO MEE EXECUT PAGE 4 TO FUN AFTER I	1	EXAMINER'S LTYPE OR PRI	NAME August	o P. Modrig	yez, M.B.		ADDRESS	nyburn Ct., Temple	nills, ru	
	TO M EXECU PAGE TO FU	23a. Bl	JRIAL, CREMA	TION, REMOVAL 2	3b DATE	23c. NAME C	F CEMETERY (	OR CREMATORY	23d LOCATION		
07/84	BP	- '	ematio	n Ac	ril 15, 1	.985 Lee'	s Crema	itory	Clinton, Ma	ryland	STATE
25M	OHAH 17	24_FL	NERAL DIRE	TOR Lee F	uneral Ho	me, Inc.		250. DATE	REC'D, BY REGISTRAR 1256 RE	GISTRANS SIC NAME	infande
	(VR A15 ME (663	ВС	ld Ale	xander Fe	erry Road,	Clinton	, Maryl	and 20735	APR 1 6 1985 0	The same of the sa	•



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

inding physicion and completely till corbonpopers. Pages 1 and 2 share

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion should be detached for use as the burial-transit permit. Then please remove carbon papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic

IMPOSTANT: If them 21 is morked or men

FOR - STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

12441

- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO			
DECEASED NAME	FIRST	WIDDLE	L	AST	20 DATE OF DEATH	AONTH DAY		h HOUR
TYPE OR PRINT)	unice	Elizabeth	Tu	rner		4-2	-85	9:31/PM
1. SEX	4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTH	HOAY) IF U	TO DIT T TE SER	F UNDER 24 HRS
Female	W	hite	09	09 1909	75	YRS.	The same	MIL
TE BIRTHPLACE (STATE OF	FOREIGN 76. CITIZ	EN OF WHAT COUNTRY	? 8.	NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY OF	DEATH	L TOTAL CONTRACTOR
Maryland	U.	S.A.	WIDOWE	4.5	Prince Go	eorge's	Count	У мd.
IO CITY OR TOWN OF DE		ME OF HOSPITAL, NURSI		R OTHER INSTITUTION	TYPE OF WORK FOR MOST OF	N II		BUSINESS OR
Riverdale		eland Memor:		spital	Secretary			1 Expres
USUAL RESIDENCE (IF NUR 130. STATE Maryland	13b. COUNTY P.G.	113c. CITY OR TON Hyatts	WN I	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS / 6202 Carro	ZIP CODE 011ton	Terrac	e 20781
14. FATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		1251	
Alfred	D.	Turn	er	Anne	MIDOLE		Harri	son
160. WAS DECEASED EVER	IN U.S. ARMED FO		URITY NO.	17. INFORMANT	ADDRES	S 450	7 Risi	ng Lane
No	(IF TES, GIVE WAR OR	577-03	-2248	Alfred D. H	Holley (Nephe	ew) Bow	ie, Md	. 20715
Conditions, if ongove rise to irricouse (a), statiunderlying cous	ATION 196.  ATION 216.  ATION 216.  ACCAUSE OF DEATH HCOICAL EXAMINER)  RRED 216.	ETO, OR AS A CONSEOL  (b) SE  ETO, OR AS A CONSEOL  (c) ONS CONTRIBUTING TO  CONDITION FOR WHICH  CYJT SCO  TIME OF INJURY  P.M.  PLACE OF INJURY	JENCE OF PS 1 JUNE	NOT RELATED TO THE TERM N WAS PERFORMED  21c HOW INJURY OCCUR 21l. LOCATION	RIN DRY D  MINAL DISEASE OR COND  200 AUTOPSY?  YES \( \text{NO} \)	20b IF YES, WIN CERTIFYIN YES	ERE FINDING G CAUSES O	
22e. I certify that (I sow the deceo obove, (I) (we). 22b. SIGNATURE	think	nded the deceased from the bady after death.	3- 00, on	od that in (my) (and opinion DEGREE  ATTENDING PHYSICIAN [ 22e. ADDRESS (5-1)	death occurred on the do	, 19_ te and hour on F	کے the	at (I) (we) lost ouses stated
230. BURIAL, CREMATION (SPECIFY) Buria				EMETERY OR CREMATORY Cemetery	23d LOCATION CITY OR TOWN Burtonsv		nt.	Marylan

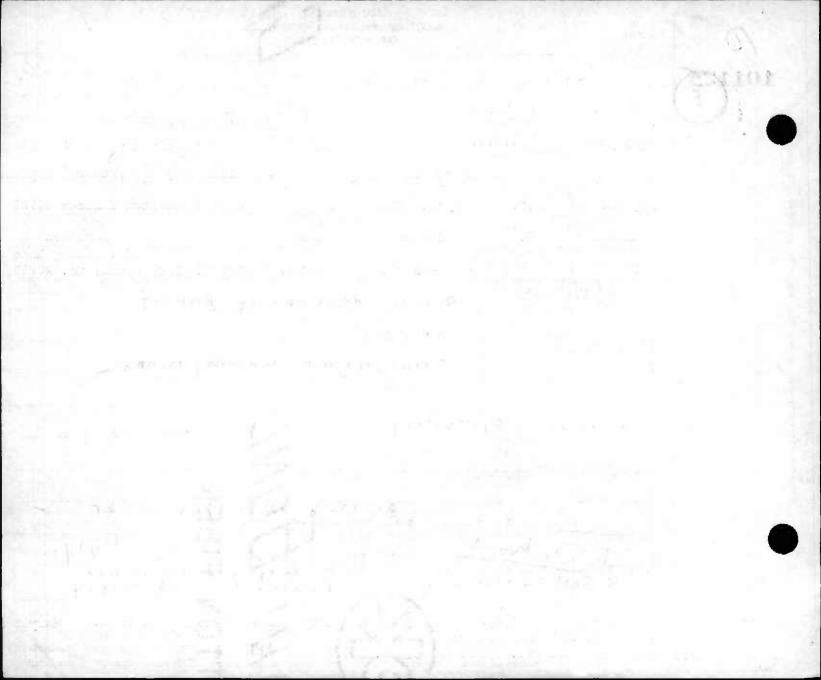
DHMH - 16 50M 4/83 (VRA 15, 4)

BP

Burial 4/6/85 Union Cemeter State 1/83 Burial Home, P.A. 4739 Baltimore Ave. Hyattsville, Md. 20781

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

APR 4 1985



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF DEATH		REG.	NO.		
1. DE	ASED NAME	FIRST MA	E	MIDDLE Var	ı Der	Vliet	2 a C	DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
/	Mae			VAN	DERVI.	IET		April 29	/ ~		1:12am M
1. SE	X		4 RACE		5. DATE C		6. AC	GE (IN YEARS LAST I	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
F	EMALE	W. 25	WHITE		JUNE	22, 1890 YEAR	9	4	YRS	DATS	HOURS MIN.
	OUNTRY)	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 B/	ALTIMORE CITY	OR COUNTY	OF DEATH	
	NEW JERSEY		U.S.	Α.	WIDOWE			rince Ge	orge"s		MD.
10 C	ITY OR TOWN OF DEA	ATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	N 12a	USUAL OCCUPA	TION OF WORKING LIFE	INDUSTRY	OF BUSINESS OR
	nham					Pr. Geo.	Co.	HOUSEWIE	TE	OWN I	HOME
	AL RESIDENCE (IF NURS	13b. COUN	ITY	13c. CITY OR TOW	'N	13d. INSIDE CITY LIMIT	TS?   13e,S	TREET ADDRESS	ZIP CODE		
-	RYLAND	PRIN	ICE GEOR	GES BOW	E	YES 🕅 NO 🗌		512 KINI	ER BRO	OK LANI	E 20715
114. FA	ATHER'S NAME FIRST		MIDDLE	LAST		15 MOTHER'S MAIDEI	NAME	WIDDIE			ST
	JAMES			COFFEE		ANNA				MALONE	
160 V	VAS DECEASED EVER		MED FORCES?  E WAR OR DATES	16b. SOCIAL SECU		17 INFORMANT			RESS	A.G. TEN	7.70
	YES NO OR UNKNOWN)			145-42-2	186	AUDREY DON	INELLY	, DAUGHTE	ER, SAME	AS IT	EM 13
	18 CAUSE OF DEAT PART I. DEATH W	H Enter on VAS CAUSE	ly one couse per D <b>B</b> Y.	n ·		Carcinon	I +	71	of	BETWEEN	IMATE INTERVAL ONSET AND DEATH
		IMMEDIAT	E CAUSE (o)	maligne		1	-	The state of the s	0	+	
			DUE TO, O	R AS A CONSEOU	ENCE OF	he Colo	~ W	the	4		
	Conditions, if any gove rise to imi	mediote	(b)_				111	erciona	90		
	couse (a), statis underlying couse		DUE TO, O	R AS A CONSEQUI	ENCE OF						
	PART 2 OTHER SIG	NIFIC ANT	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMINAL	DISEASE OR CO	NDITION GIVE	N IN PART 1	
Z		ma	nut	ritin	~	THE THE TO THE	TEMPTH TAL	DISEASE ON CO	TO THOM ONE	ON IN FRANCE (III	0
CERTIFICATION	190. DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20	a AUTOPSY?		WERE FINDIN	
Ę							Y	ES NO	IN CERTIFY YES	ING CAUSES	NO []
CER	210. ACCIDENT WAS UN	-	110110 4	FINJURY M. MONTH D.	AV VEAD	21c HOW INJURY OC	CCURRED (	ENTER NATURE OF IN	SURY IN ITEM 18 PA	RT   OR PART 2]	
¥	OR CONTRIBUTING [		(IH	M. MONTH D.	19						
MEDICAL	21d INJURY OCCUR	RED	21e. PLACE	OF INJURY	* PAN 676 1	211 LOCATION		CITY OR	IOWN	COUNTY	STATE
Σ	AT WORK NOT WE	HILE DRK	(AT FIOME SI	REET, FACTORT, OFFICE, F	ARM, ETC			1		- 67	
	22a.l certify that (1)	(this hospi	of standed the	e deceased from	2	19	85	10-412	X	9	that (I) (we) lost
	sow the deceos obove, (I) (we) (	ed olive of did (did	Lynew The book	after death.	. 01	nd that in (my) (our) opi	oinion deoth	occurred on the	date and hour	and from the	couses stoted
	226. SIGNATURE	1) 1	Soft	0 1	A	DEGREE		DICAL ST	A.F.F.	22c DATE	SIGNED
	4100	2 4	own	neer	10		AN DIR	DICAL ST ECTOR PHYS	ICIAN [		2110-
	PHYSICIAN'S N	AME ITYPE O	The second second	1	2	14300 Ga	Mart	Fix 1	14. R.L.	ie. MD	70715
	1 - aa	100	Nhe.	el, m	· D ·	17500 64	nau j	100/ 1	217,000	, .	0011
220 1	BURIAL CREMATION	DEAAOWAL	1226 DATE	22.	LAME OF C	EMETERY OF CREMATA	ODV 2	3d LOCATION			

TO FUNERAL DIRECTOR:

TO HOSPITAL

(VRA 15, 4)

MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal After this certificate has been

DHMH - 16 60M 7/B4

BURIAL 1804 T ST., N.W., WASHINGTON, D.C. 20009

CALVARY CEMETERY

PATERSON PASSAIC

NEW

BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1985

a way doon fandale

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4005	1-	FOR STATE REGISTRAR		DEPARTMENT OF HEALT	-	299	4 4 9
4000		PE OR PRINTS	tri	MIDDLE	Lensty	20. DATE KNOWN OF ESTI-	MONTH DAY YEAR 26 HC
W. PLEAS MANUE MA	) 5	Vale White	DATE OF BRITH		UNDER I YR. IF UNDER	DEATH MATED	1-29 185 59
MITTER ALL CONTROL OF THE PARTY	7	HETHPLACE (STATEON DOLLON COLLUEN) KLISSIA	TA CHIZEN OF W	THAT COUNTRY?	RRIED-MEVER MARRE		OR COUNTY OF DEATH
TO THE PAGE 3	Z	mfle Hills.	4209		HER INSTITUTION	12a USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE) Eng. Metallurgi	
F ANY E AND 3 SHOULD LEED IN THE AND 3 LEED IN THE 3 LEED IN THE AND 3 LEED IN THE 3	~	aryland In count	LA COTHEM ENSTRUCTION OF	IN CITY OF TOWN	YES NO		e 20748
ME. MC	9	ATHER'S NAME Dimitri	MEIGLE	Vvedensky	Is MOTHER'S MAIDE	ainable Meon	cast
BALTIMORE JRS AFTER DEA GIVE PAGES WITH FORM P T, PAGES TAN DIVISION OF	164.	WAS DECEASED EVER IN U.S. ARN TEL NO. ON UNEMOUND   (IF YES, GIVE V NO		16 SOCIAL SECURITY NO. 460-50-1947-A	17 INFORMANT	ADDRESS edensky same a	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST SCREEFICATE SHOULD BE EXECUTED WITHIN 24 HOI RIDD TO THE CHEEF MEDICAL EXAMINER ALONG RS 3 SHOULD BE USED AS A BURBLA: TRANSIT PRRAIL EXPARTMENT OF HEALTH AND MENTAL HYGIENE, OT PRIOR TO BURBLA. CREMATION, OR REMOVAL	TION	lying couse list.  FART 2 OTHER SIGNIFICANT CONDITIONS OF THE DATE OF OPERATION		BUT NOT RELATED TO THE FEMILIAL DISE		11 m	38. AUTOPSYF
NOF VITAL R CATE SHOULE HE WORD "P HE CHIE" I THE CHIE	AL CERTIFICATION	THE EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21h TIME O	FINJURY M. MONTH DAY YEAR		D SENTER PLATURE OF SHAPE IN STEEL SE	YES 🗆 NO
DIVISION HIS CERTIFIC WRITING THANDED TO ARGE 3 SHOUL ATE DEPART	MEDICAL	THE INJURY OCCUPRED  WHILE IN NOT WHILE IN WORK	71e PLACE		OCATION	CITY OR TOWN	COUNTY STA
CAL EXAMINER: THE CERTIFICATE, SHOULD BE FORM SATH, WITH THE STARM, WITH THE S		27s. I certify that I took charge death resulted from Nature ACTUAL SKONATURE	of the remains de	Accident . Suicide .	hopsy Inspection Homscide  tirus (SPECIFY) Deputy	Undetermined manner	d in my opinion
TO MEDICAL EXAMINI EXECUTE THE CERTIFIC BAGE & SHOUND BE FO ATTER DEATH WITH THE BALTIMORE, MARYLAN	100	EXAMINER'S NAME (TYPE OR PRINT)	IL DATE	Rodriguez, M.D.	OR CREMATORY	MEDICAL EXAMINER  5009 Rayburn Ct., '	Temple Hills, Md
07/84 BP 25M DHMH - 17 (VR A15 ME (5))		Tuneral Director Robert E Wilhelm	5/1/85 4308 Funerals	Rock Creek Suitland Kd SHome Suitland	250. DATE R	WAShington EC'D. BY REGISTRAR 25b. REGIS	STRAR'S SIGNATURE
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## FOR STATE

# STATE OF MARYLAND

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DEPARTMENT	OF	HEALTH	AND	<b>MENTAL</b>	HYGIENE
CE	RTII	FICATE	OF	DEATH	

1	REG	ISTRAR				CERTIF	ICATE OF DE	AIH		REG. NO					
	1. DECEASE		FIRST	,	AIDDLE	L	AST		2s. DATE O	FDEATH	HINOM	DAY YEA	AR 2	b HOU	R
	(146F OK BKIL	VI)	EARLE		LOUISE	WA	SHINGTO	N	APRI	L 26T	Н,	1985		9:4	04 M
	3. SEX		4	RACE	0-	5. DATE C			6 AGE (IN	YEARS LAST BIRT	HDAY)	MONTHS D		F UNDER	24 HRS MIN.
	Fen	nale		Afro Am	erican	Noven		1900	84		YRS	MONTHIS		ICONS	MIN.
d	7a. BIRTHPL	ACE (STATE C			WHAT COUNTRY?	8			9 BALTIMO	RE CITY O		Y OF DEAT	Н		
4	COUNTR	*		LICA			D NEVER M.	ORCED	PRI	NCE G	FODCE	110 00	ייואזיו	v	AAD
1		<mark>/irgini</mark>		USA 1. NAME OF I	OSPITAL, NURSIN	G HOME C				OCCUPATION		12b. KIN			MD.
,	Laure		1	GREATE			VILLE H			ousewi	-		TRY Self	:	
1			JRSI THOME OR C		GIVE RESIDENCE BEFORE		A IAI NICIDE CIT	V 144417.CQ		ADDRESS /		. (	11	900	10
A	D.	C.			Washingt		13d INSIDE CIT	4 FIWIL25	244	34th	Stre	_	17	- 7	0019
	14 FATHER		noi	10	wasiiiiqt	.011	15. MOTHER'S		- Am 1	<u> </u>	JLIC	SEL, I	Y . I		جالعد
		FIRST	м	IODLE	LAST		1 -	RST		MIDDLE			LAST		
	Will		R IN U.S. ARA	ED FORCESS	Lifsey		17 INFORMAN	sa		ADDRE	55	Unkno			
7		OR UNKNOWN)		WAR OR DATES)	No.						Was	shingt			
1	r	10			218-30-4	184	Selma L	ifsey/	siste	r 4110	Lee	Stree	th	YE	
			WAS CAUSED	BY:	line for (o), (b), and	die!	cechi	· fun	, 6	Proc	P	BETW	EEN ON	SET AND	DEATH
			IMMEDIATE		Care	1.01	- 1/1/1								
	Con	iditions, if or	ny, which	DUE TO, O	STATU	S PO	54	CUA	1 /	0/1	~				
	gov	re rise to in	mmediote	DUE TO O	R AS A CONSEQUE	NCE OF		_		0					
		erlying cou	9	(6)		and?	liar	en	for	CX					
	PAR	T 2 OTHER SU	GNIFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED 1	O THE TERM	NAL DISEAS	SE OR CONI	OITION GI	VEN IN PAR	T I (a		
	Z O	17/1	das	40											
7	₹ 190 C	ATE OF OPER	RATION	19b COND	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUT	OPSY?		S, WERE FI			
9	CERTIFICATION 190 C								YES 🗀	NOM		FYING CAU		NO [	
7	210	ACCIDENT WAS U	INDERLYING	216 TIME O			21c HOW INJ	URY OCCURR	ED (ENTERN	ATURE OF INJUR	Y IN ITEM IB	PART I OR PAR	T 2)		
7			CAUSE OF DEAT	HOUR A.	MONTH DA	Y YEAR									
		INJURY OCCL	IRRED	7. PLACE		. 6 198	21f LOCATION	٧							
		LE I NOT	WHILE		EET, FACTORY, OFFICE F	ARM ETC }	STREET			CITY OR TO	WN	COUNT	Υ	5	TATE
	22a 1		(I) (this hospite	ol) ottended th	e deceased from_			. 19	, ta			19	the	at ili (v	we) last
	,	sow the dece	osed olive on_	view the body	19	. 01	nd that in (my) (	our) opinion (	deoth occurr	ed on the do	te and ho	ur and from	the co	uses sto	ated
		SIGNATU	(aja) (ala pot	view the body	offer death		EGREE					22c D	ATE SI	GNED	
1		1/1	Hus	1 %	hol	110		TENDING Y	MEDICAL	STAF		1			
1	22d.	PHYSICIAN'S	NAME (TYPE OR	PRINT	- ILA	zuj	22e ADDRESS	TISICIAN	JUNECTOR	misic	10/3 🔲				

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR

MPORTANT

DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST., BALTIMORE, MARYLAND 21201

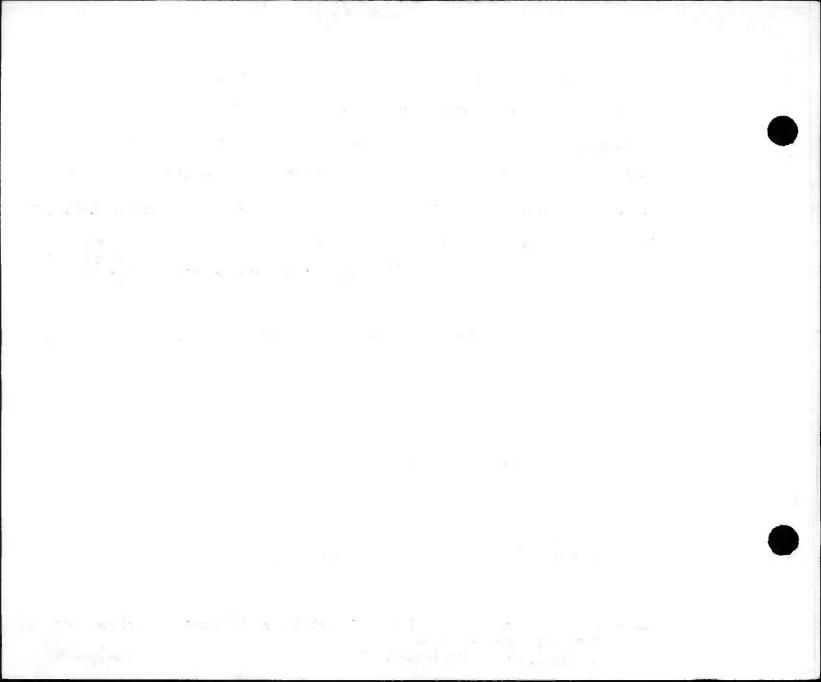
(VRA 15, 4)

23s. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)

23C NAME OF CEMETERY OR CREMATORY Lincoln Memorial

Burial
24 FUNERAL DIRECTM arshall's Funeral Home
N. W Washington, DC

MATORY 23d LOCATION
CITYORTOWN Prince George Md
250 DATE REC'D, BY REGISTRAR 250 REGISTRAR'S SIGNATURE
MAY 0.2 1935 Achie Davidon Arrive



### DEPARTMENT OF HE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

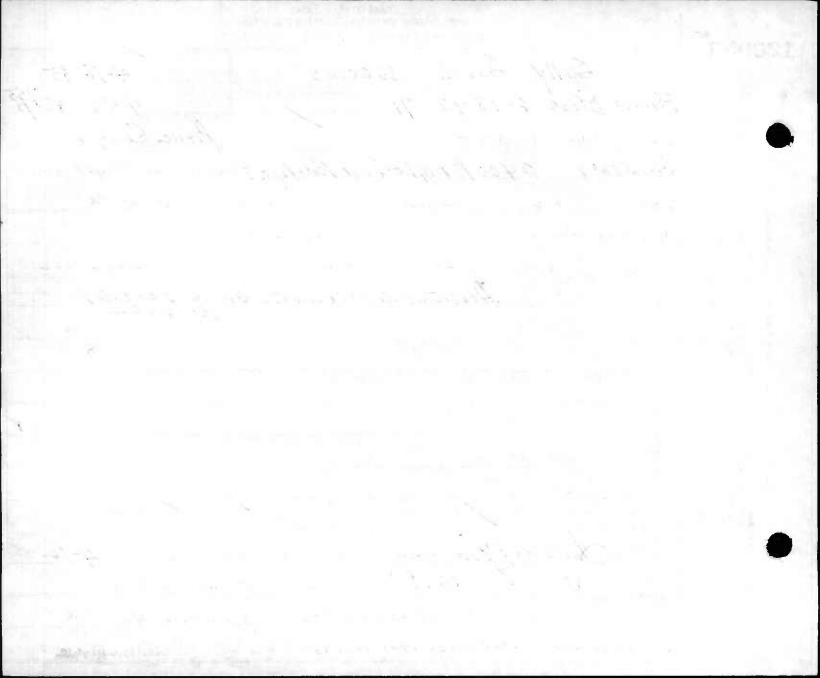
	J-	STATE REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO					
		CEASED NAME FIRST		MIDDLE	AST			HINO	DAY	YEAR	2b. HOUR	_	
	(TYPE	GERALD	INE	M	WEDD	LE	MAR 3			31 85 0606			
	3. SEX		4. RACE		5. DATE C			6. AGE (IN YEARS LAST BIRTH	IDAY)	IF UNDI	ER I YEAR	IF UNDER 24 HRS	S
,		FEMALE	WHITE		MAR	10 192		64 yrs	YRS.			indows   min	
		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED		BALTIMORE CITY OR					
1	- de	k Tahoma	USA		WIDOWE	D DIVORCED		Prince Geo					MD.
8	C	amp Springs	Malcol	m Grow Me	edica.	Center INSTITUTION		17a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Homemaker	WORKING L	(FE) INC	DUSTRY DWN I	F BUSINESS O	)R
3	USU A 130. S <b>V</b> 1	RESIDENCE IF NURSING NOME OR TATE  rginia  Fair	OTHER INSTITUTION, ITY. rfax	GIVE RESIDENCE BEFORE  13. CITY OR TOWN  Alexand	ADMISSION) N ria	13d. INSIDE CITY LIMI YES NO	IIS?	5910 Westc	ZIP COD hest	er/s	Stree	et 2231	10
4	I4 FA	THER'S NAME Carl	MIDDIE	Mize		15 MOTHER'S MAIDE		E			Slar	ie	_
0	16a. W	AS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRES	s <b>59</b>	10 V	Vest	chester	St
2	(Y	No	E WAR OR DATES)	525-10-2				as G. Weddl	e Al	exar	ndria	a, Va 2	2231
	HOM	Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause last	DUE TO, O	R ACH CONSTQUE Chrom 2 06 R AS A CONSEQUE	NCE OF	uctive Lung Dise	ig Di	Disease  MINAL DISEASE OR CONDITION GIVEN IN PART 110					
2	CERTIFICATION	190. DATE OF OPERATION 196. COND		ition for which operation was performed							WERE FINDINGS USED ING CAUSES OF DEATH?		
7	255	2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY O	CCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18	PART : OF	₹PART 2)		
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F		211 LOCATION STREET		CITY OR TOW	'N	cc	NIMUC	STATE	
		Saw the deceosed alive on above, (I) (we) (did) (did no	tol) ottended th	e deceosed from	4 MA	d that in (my) (our) op		to 3 i MARC		, 19_ <b></b> ur and f		thot (I) (we) lo	ast
		2 SIGNATURE	t view the body	offer deoth.		DEGREE					2c DATE		_
		Lames & A	Levell			ATTENDI PHYSICI	ING IAN	MEDICAL STAFF		3	31 MARCH 1985		185
1		THE PHYSICIAN'S NAME (TYPE O	RPRINT)			77e ADDRESS				-			
		James S. Nev	ell, US	AF, MC		Malcolm	Grov	w Hospital,	And	rews	AFF	, Md.	
	23a. B	URIAL, CREMATION, REMOVAL			AME OF C	EMETERY OR CREMAT		29d. LOCATION		10011	MTV	STATE	
		Burial	4/3/8			on Nationa		Arlingto				11	
	A. FU	INEPAL DIRECTOR	A. S	ADDRESS 5205.		-0 1	DATE	REC'D. BY REGISTRAR 2				NSE.	_
1	6	norman for			~~~~·	2021	11 (	- Marie gui		- Contract	-Most	nejilla i	F

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND



#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5035		REGISTRAR		MED	ICAL EXAMI	VER'S	ERTIFICATE	OF DEA	TH ,	REG. NO.					
	1. DEC	CEASED NAM	NE FIRST		WIDDLE			LAST 20 DATE KNOWN X				YEAR	POHOLIA		
100 to	(1117)	ORPRINT	Eile	en Gunther			Wells OF ESTI-			red 🗌	□ 4/5 19 85 A.				
MASIRE	3. SEX	male	4 RACE White	5. DATE OF BIRTH 1 Aug. 30.				JNDER 1 YR. IF UNDER 24 HRS. 26 DATE MO WITHS DAYS HOURS MIN PRONOUNCED DEAD				17H DAY YEAR 28 HOLLS 8:30			
116		RTHPLACE (S		76. CITIZEN OF WHA		T.	IED XX NEVER MAI	PPIED	9 BALTIMORE	CITY OR CO	DUNTY OF				
0		NSYLV,		U.S.A.		WIDOW		RCED	Prince	Georg	e's Co	ounty	MD.		
1		Y OR TOWN		11. NAME OF HOSP	I. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  OR INDUSTRY										
		delphi		1804 M	1804 Metzerott Road, #501 SECRETARY AT								RGY CO		
2	3a. 51		1136. COUN		OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)			13e. STRE	EET ADDRESS	ott R	oad.	ad, #5020783			
4		THER'S NAM					15 MOTHER'S MAIDEN NAME					LAST	700		
I		WILBEI	R H		GUNTER			MARY HURLEY							
1	Ióa. W	AS DECEASE	DEVER IN U.S. AR		166 SOCIAL SECURI	TY NO.	17. INFORMANT		PHEW AL	DDRESS					
ı	N		(11 723, 0112	, WAN ON DATES!	578-01-8	8644	WILBU		GUNTHER.	JR.	SAME	EAS	13		
ì		IL CAUSE C	F DEATH (Enter or	nly one cause per line fo							T A	APPROXIMATE			
		PARTID	EATH WAS CAUSE	D BY: TE CALISE (a) ACT	te myocar	dial	disease				-		THE BEATT		
		IMMEDIATE CAUSE (o) Acute myocardial disease  ( DUE TO, OR AS A CONSEQUENCE OF													
		Conditions, if any, which gove rise to immediate (b) chronic myocardial disease and emphysema.													
			ise to immediate i) stating the <u>under</u> -	· · · · ·	S A CONSEQUENCE		- 4150450	, cara c	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	ici e					
		lying ca	use lost.			0.									
١		PART 2 OTHER S	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT BELATED TO THE YER	MINAL DISEAS	E DR CONDITION CIVEN IN	PART 1			_				
1	N			The state of the s	None	MINAL DISEAS	L DK COMBINDA GIFER IN	TAKI I 10							
4	ATIO	19e. DATE OF	FOPERATION	196. CONDITIO	ON FOR WHICH OPE	RATION W	AS PERFORMED?				20	AUTOPSY?	2		
	MEDICAL CERTIFICATION	Mono										YES 🗌	NO X		
ı	ERT	None	AL CAUSE WAS	21b. TIME OF I	NJURY	21c. HO	OW INJURY OCCUR	RRED LENTER N	NATURE OF INJURY IN	ITEM 18 PART I		IES []	NO DO		
١	ALC	UNDERLYING			MONTH DAY YEA	AR .									
P	DIC.	21d. INJURY	OCCURRED		19 INJURY (ATHOME,	21f 1O	CATION	lone							
	ME		NOT WHILE [		RY, FARM, ETC.)		TREET		CITY OR TOWN		COUNTY		STATE		
		22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry . and in my apinion													
	15	death result	ted fram: Natu	ral couses X,	Accident, S	vicide	. Homicide	Undete	ermined monner						
		Carleton and a second	7	-01	1		TITLE (SPECIFY)								
Ų		ACTUAL SIGNATURE	0	to be	Josev	2_ M	Deputy		ICAL EXAMINER	SI SI	IGNED	4/5/8	5		
/		EXAMINER'S	NIAME			/	1919	Semin	nary Ros	id					
V		(TYPE OR PRI	NT) Jo	hn S. Roger	cs. M.D.		ADDRESS Silv	er Spr	ring, Mo	ntgom	ery, h	Md.			
1	23a.Bl	IRIAL, CREMA	TION, REMOVAL	236 DATE	23c. NAME OF CE	METERY O	R CREMATORY	23d. LO	CATION		COUNTY	51	TATE		
	(3		MATION	4/6/85	METROPO	LITAN	CREMATOR	Y AL	EXANDRI REGISTRAR [73	A					
	24. FL	NERAL DIREC		IS J. COLL			25a. DAT	TE REC'D. BY			4.00	4-			
- 1	-						I VDI	0 4 4 4	IDOR -411	E. Taner	ALLA GERA	Ancilo Esta			

07/84 25M

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

(VR A15 ME (5))

AFIL 1

500 UNIV.BLVD., W., SILVER SPRING, MD. 20901

verde white war. TO, Tall 65 Erince George's Kaling Maryland Prince George's Analysis ERS Hetratott Jont 1887 onte ej conteil diserse chiunic my correint disease and empress.

1919 Senioury Road

wilver our her, honemery, he. John S. Romers, 1.D.

27004	1-	FOR STATE REGISTRAR		DEPARTN	ENT OF H	OF MARYLAND EALTH AND MENTAL HYD ICATE OF DEATH	REG. NO	2. 4 5	ò			
noy be page 3		CEASED NAME FIRST OF PRINT)		F WESER				20. DATE OF DEATH MONTH DAY YEAR 26. HOURS				
tor, par	3. SE	m	4. RACE		5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIR	YRS.	DAYS HOURS MIN.			
of the		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED A	9. BALTIMORE CITY O	GEOR				
A 13	RI	VELDALE MD		HOSPITAL, NURSIN CHEACILITY, GIVE STREET	G HOME C	HOST.	120 USUAL OCCUPATION OF SELECTION OF SELECTI		KIND OF BUSINESS OR USTRY Yed			
35	dsU.	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	OR OTHER INSTITUTION JNTY GO	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e.STREET ADDRESS	Perry S	t. 20712			
Office of the second		THER'S NAME FIRST Henry	MIDDLE	Weser		15. MOTHER'S MAIDEN NA FIRST Ros	MIDDLE		Unknown)			
be execution on one state.  S. Pagel care medical	16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	216-46-	4427	Stephen F	R.Fegan Ch	evy Cha				
requires that the death certificate be a signed by the attending physicion. Then please remove carban papers. For the burial, cremation, ar removal. y injury, ar other traumatic event, the manual control of the state of the st		18 CAUSE OF DEATH lEnter of PART I. DEATH WAS CAUS IMMEDIA  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, (b)_	OR AS A CONSEQUE	NCE OF	COPD	Y ARR	EST	APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH			
	CERTIFICATION	190 DATE OF OPERATION	196. CONE	DITION FOR WHICH	icen	NOT RELATED TO THE TERM	20a AUTOPSY?	206. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED CAUSES OF DEATH? NO []			
Thysician trending phys tribs certifica the buriol-tro ond Mentol Hy ced or Item 18	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (# EITHER, NOTHEY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK	EATH HOUR A	OF INJURY  A.M. MONTH DA  P.M.  OF INJURY  TREET, FACTORY, OFFICE, F	19	21c. HOW INJURY OCCUR 21l. LOCATION STREET	CITY OR TO		uniy state			
OSPITAL ed by th UNERAL d be detected the State RTANT: I		270. I certify that (I) (the has saw the deceased alive a abave, (I) (we) (did) (did in 27b. SIGNATURE)  27d. PHYSICIAN'S NAME (1796)	an 4/9	19_		nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [ 22e ADDRESS	death occurred on the dimedical STA	FF 22	that (I) (we) last ram the causes stated c. DATE SIGNED			
TO HOS retained TO FUN should b with the	73a	BURIAL CREMATION REMOVA	1 23h DATE	23r h	JAME OF C	EMETERY OR CREMATORY	23d LOCATION					

DHMH - 16 50M 4/83 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial M FUNERAL DIRECTOR NA ley's F.H.

Mt.Olivet Cem. Mt Rainier,

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OR TOWN
WASH.,

Ney 27, 1903 B1 ENGLISHED TRANSPORTS TO SEE THE SEE SEEDS Charles in 250-L-L-0287 Present Libert Tanner 78.0--L-028

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	EN O	OR OF	135
	ATT	d for	3 2
	0 0	Diche	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may retoined by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. So should be defacted for uses as the burial-training permit. Then please remove carbonopers. Pages I man in the funeral man 72 hours off the state pean of the plant and its man in the complete for the complete or removal or removal.	IMPORTANT: If Hem 21 is marked at the Latter comparing or other troumatic event, the medical event recognitions of the control
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BP. DHMH - 16 50M 4/83 (VRA 15, 4)

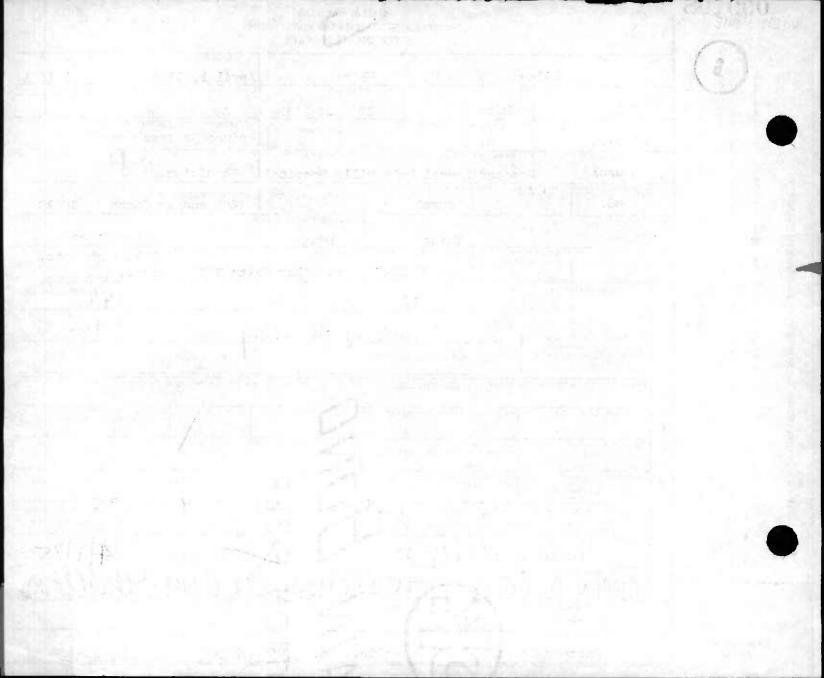
FOR - STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

1	1. DECEASED NAME	FIRST	N	NIDDLE	1/	151		20. DATE OF DEA	H MONTH	DAY YEAR	2b. HOUR		
ı	[TYPE OR PRINT]	Wile	у	W.	WI	nite		April 1,	1985		1:16 Am		
ı	3. SEX	4	RACE		5. DATE O			6. AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS		
	Male		White		MONTH		21	64	YRS.	MONTHS DAYS	HOURS MIN.		
1	70. BIRTHPLACE   ST	ATE OR FOREIGN 7	CITIZEN OF V	WHAT COUNTRY?	8.	□ NEVER M	* DDIED	9. BALTIMORE CI	TY OR COUNT	Y OF DEATH			
A	Alabama	a	U.S		WIDOWE		ORCED T	Prince G	eorges	County	MD.		
Laurel Greater L				FACILITY, GIVE STREET	ADDRESS)			TYPE OF WORK FOR A Physic	NOST OF WORKING LE		F BUSINESS OR		
	USUAL RESIDENCE I 130. STATE Md.	13b COULT	THIP HITITUTION,	GIVE RESIDENCE BEFORE 13c CITY OR TOW  Laurel		13d. INSIDE CI	IY LIMITS?	13e.STREET ADDR 3469 Ar	ess / ZIP COD	urt	20810		
1	FATHER'S NAME		DDLE	LAST		15 MOTHER'S		ME	DIE	LAS			
A	Wiley	M	DOLE	White	1 - 1	Eđn	irst a	Mil		esterma			
1	160 WAS DECEASED		ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA	VT.	A	DDRESS 611	8 Park	Hats.		
١	Yes	(IF TES, GIVE	WAR OR DATES!	420-20-	2147	Mr. W	iley W	hite III		Md.			
Ī		DEATH (Enter only		line for (a), (b), and	d (cs.)	,	C. 1			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH		
ı	PART I. DE	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE 10)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE 10)											
1		DUE TO, OR AS A CONSEQUENCE OF 1/ 1/40 / 1.4.C.											
1		Conditions, if any, which (b) (May of the Lung)									~		
1	couse (o),	stoting the	DUE TO, OR	AS A CONSEQUE	NCE OF					1 3 7 7			
1	underlying	underlying cause lost. (c)											
١		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
	O DATE OF C	19a DATE OF OPERATION 19b. CONDIT			OPERATION	N WAS PERFOR	MED	200 AUTOPSY? 206. IF YES, WERE FINDINGS US					
	19a. DATE OF C		172. 00. 10.		0.50	THE TENTO		YES NO YES NO NO					
1		VAS UNDERLYING CAUSE OF DEATH	HOUR A.A	INJURY A. MONTH DA	Y YEAR	21c. HOW IN	URY OCCURE	RED (ENTER NATURE O	F INURY IN ITEM TB	PART T OR PART ?}			
1	(IF EITHER, NOTE	FY MEDICAL EXAMINER)	P.A	۸.	19								
Į	OR CONTRIBUTION (IF EITHER, NOTE 21d INJURY OF			CE OF INJURY STREET, FACTORY, OFFICE, FARM, ETC.   STREET			Ν	CITY	ORTOWN	COUNTY	STATE		
1	WHILE AT WORK	AT WORK		,						0~			
ł		220.1 certify that (1) (this haspital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19											
ı	oboye, Th	leceased alive an (we) (did) (did nat)	view the body	after death.			our) opinion (	death accurred on t	the date and had	ond from the			
1	226. SIGNATUI	226 SEGNATURY MALM A. WOLDS OF DEGREE ATTENDING MOTCAL STAFF								274 DATE	SIGNED		
4		1 VIWISAYI	0.14	CO Y		P		DIRECTOR   PH		141	192		
	MART	1N D.	VELTZ	752	5 (4	ELW!	ruy (	in Or	Wy (h	entel	lomo		
-	230 BURIAL, CREMA		23b. DATE		AME OF C	METERY OR C	REMATORY	23d LOCATION		COUNTY	STATE		
	Re	moval	4/1	/85			(0)						
	24 FUNERAL DIRECT			ADDRESS			100	E REC'D. BY REGIS	TRAR 256. REGIS	TRAR'S SIGNAT	URE		
1	A	natomy Bo	oard		Balto	., Md.	APR	0.4 t005	Solin Na	interna Pan	dalla		



DECEASED NAME

5. DATE OF BIRTH

REG. NO.

04

BALTIMORE CITY OR COUNTY OF DEATH

2a. DATE OF DEATH

& AGE (IN YEARS LAST BIRTHDAY)

85

80

85

IF LINDED I VEAD

		Acres 100
	a)	6 = n
	۵	(a a )
6	10)	12.0 1
	Page 4 may be	NE J
	9 0	0.2
	0	10 1
	E	50.00
	eat	2 - /21
	death.	51 /51

RECORDS, 201 W. PRESTON ST.,

TYPE OR PRINT Female TO BIRTHPLACE (STATE OF FOREIGN

Pennsylvania

10 CITY OR TOWN OF DEATH

USUAL RESIDENCE (IF NURSING

Elizabeth Caucasian 76 CITIZEN OF WHAT COUNTRY?

USA

OME OR OTHER INSTITUTION

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY:

MIDDLE

MONTH 04

Greater Laurel Nursing Home

06 MARRIED NEVER MARRIED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

15 MOTHER'S MAIDEN NAME

0.0

Whitfield

Prince George's County MD. housewike

**INDUSTRY** home 13. STREET ADDRESS / ZIP CODE 728 W. 4th Street

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

WKS

18201

2b. HOUR

8:15

Penn. 4 FATHER'S NAME William

no

Laurel

Luzerne

Brisiel 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Hazleton

DUE TO, OR AS A CONSEQUENCE OF

166 SOCIAL SECURITY NO

ASPIRATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

Della Heller May 17 INFORMANT

H. Leland Whitfield same as above

	IMMED
	if ony, which
couse (a),	stoting the
underlying	couse lost

CEREBROVASCULAR ALCIDENT DUE TO, OR AS A CONSEQUENCE OF ATHEROSELERASIS

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 SENILE

ш	
	19a. DATE OF OPERATION
	21a. ACCIDENT WAS UNDERLYING
	OR CONTRIBUTING CAUSE OF DEATH
	(IF EITHER NOTIFY MEDICAL EXAMINER)

21d. INJURY OCCURRED

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

NO 21c. HOW INJURY OCCURRED ( ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

and that in (\*\*\*) (our) opinion death occurred on the date and hour and from the causes stated

20a AUTOPSY?

21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION STREET

STATE

22a.1 certify that (1) (this hospital) attended the deceased from spw the deceased alive on obove, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE S

NOT WHILE

DEGREE

ATTENDING MEDICAL 17r DATE SIGNED

Burial

23c. NAME OF CEMETERY OR CREMATORY Vine Street Cemetery April 11,1985

Hazleton Pennsulvania

CERTIFICATION

WEDICAL

24. FUNERAL DIRECTOR Donaldson Funeral Home

Laurel. Maryland

16 60M 7/84 (VRA 15, 4)



#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

	REGISTRAR			CERTITI	CAIL OI DE	RIII	REG. N	10.			
	PECEASED NAME FIRST MELV		WIGG	INS S	SR.		20 DATE OF DEATH	04 07	85	AR	9 49PM
3. S		4 RACE		5 DATE OF			6 AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I		IF UNDER 24 HRS
	Male	Black		1 105/	12/41	YEAR	43	YRS.	MONTHS	DAYS	HOURS MIN.
70 E	BIRTHPLACE I STATE OF FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	8.	<b>F</b>		9 BALTIMORE CITY		Y OF DEA	TH	
	NC	USA		WIDOWED		RCED 🗌	PRINCE GEO				MD
	CHEVERLY	PRINCE G	EORGEST	ENERA			120. USUAL OCCUPAT (TYPE OF WORK FOR MOST Unempl	OF WORKING I	LIFE) INDUS	STRY	one /
130	JAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN [ADVIAND PO		VE RESIDENCE BEFORE 31 CITY OR TOWN  Hytvi	N	13d INSIDE CITY YEXIX N	LIMITS?	13e STREET ADDRESS 4708 68t	zip cod	e Hv	tv	784- ill MD
4	athers name Stuart Woggons	WIDDLE	LAST		Mary C	ST	ME MIDDLE			LAST	
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 1	66 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDR	ESS			
	No (1F YES GIV	E WAR ON DATES!	240 60	850	Julia	a Wigg	gins 4708	Hyt			
	PART I. DEATH WAS CAUSE	gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF									
CERTIFICATION	PART 2 OTHER SIGNIFICANT (		ON FOR WHICH			200 AUTOPSY?  200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO					
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M.	njury Month da	Y YEAR							
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21d. INJURY OCCURRED 21e PLACE OF			211 LOCATION STREET		CITY OR TOWN COUNTY STA				
	22a.1 certify that (I) (this hospin saw the deceased alive an abave, (H (we) (did) (did na	APRIL 7	19			19 <b>84</b> ur) apinion di	eath occurred an the d	ate and ho	, 19 <b>85</b> ur and fran		hat (#*(we) last causes stoted
	226. SIGNATURE	Brow	num			ENDING X	MEDICAL STA	FF CIAN [	4	18	/&
	JAMES A.	Brown	o, mis		22e ADDRESS	8926 CINT	TON MD. 2	120731	/	, ,	
Bu	BURIAL, CREMATION, REMOVAL (SPECIFY)	236 DATE 4/11/8	B5 Ha		METERY OR CRE		Landov	er M	aryl	and	d STATE
<sup>2</sup> D	udley S Fun H	Tome 142 2002		land			REC'D. BY REGISTRAR	general de la constantina del constantina de la constantina del constantina de la co		-	
							1500	7	Osocialidade	-	CINCA IIII

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the finerial lits should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed with in 12 has

requires that the deoth

ANTENDING PHYSICIAN: The law ospital or attending physician.

TO HOSPITAL retained by the

BP.

should be detoched for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal

IMPORTANT: If Hem 21 is marked or them 18 shows ony

injury, ar other troumatic event, the medical

, "F x2

the state of the s

A Total

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL I	HÝĞIENE** REG. NO.	
1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE OR PRINT)	Arthur	WILLIAMS	04-2	29-85 5 21RM
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male	Black	Aug 22,1918	66 YRS.	MONTHS DAYS HOURS MIN
To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 8	9 BALTIMORE CITY OR COUNT	Y OF DEATH
Virginia	USA	MARRIED WEVER MARRIED WIDOWED DIVORCED	PRINCE GEORGE	'S COUNTY MD
10 CITY OR TOWN OF DEATH CHEVERLY		NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L  ASSORTER	12b. KIND OF BUSINESS OR INDUSTRY  Bureau of
USUAL RESIDENCE (IF NURSING HOME OF 136. STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION) WN 13d. INSIDE CITY LIMITS VET YES 🛣 NO 🗆	6420 Country	
14. FATHER'S NAME FIRST Robert	MIDDLE LAST D.	Will Matti	e MIDDLE	Terry
16a. WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC IVE WAR OR DATES) 060 18	Mrs. Ret	ta Williams-wif rt Landover Mar	vland
	nly one cause per line for (o), (b), o ED BY: (TE CAUSE (o) And		y Arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DUE TO, OR AS A CONSEQUENCE (c)  CONDITIONS CONTRIBUTING TO	JENCE OF	erminardisease or condition of	IVEN IN PART 110 Ha Balle
TIO. ACCIDENT WAS UNDERLYING [	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \( \text{NO} \)
	HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18	
SK CONTINBUTING CAUSE OF DE LINE AND THE CAUSE OF DE LINE CONTINBUTING CAUSE OF DE LINE CONTINBUTING CAUSE OF DE LINE CAUSE O	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	FARM ETC ) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	ortal) attended the deceased from  n		ion death occurred on the date and ha	that (I) (we) last our and from the couses stated
22b. SIGNATU-F	uld	DEGREE  ATTENDIN PHYSICIAL	N. DIRECTOR PHYSICIAN	221. DATE SIGNED
J. S. SIDHU,			OO AUTH PLACE #200 MP SPRING, MD. 20	031
23a. BURIAL, CREMATION, REMOVA (SPECIFY) Burial		NAME OF CEMETERY OR CREMATO	RY 23d LOCATION CITY OR TOWN LL Park Landove	r Maryland
Stevert Funera	Mandatelle	250	DATE REC'D, BY REGISTRAR 256, REGIS	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is morked or Item 18 shaws any injury, or other troumatic event, the



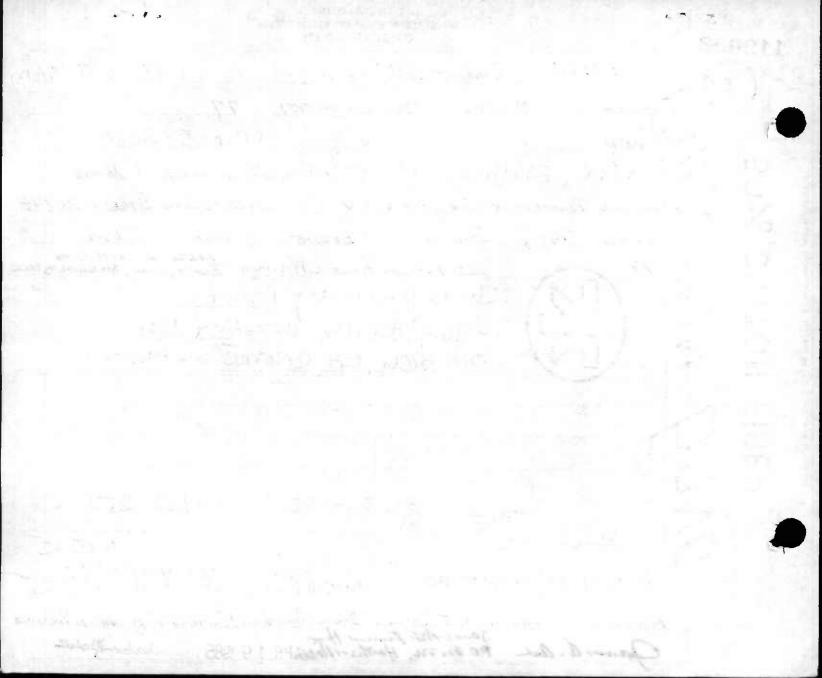
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EPARTMENT	0	F	HE	ALT	ſΗ	AND	MENT	I

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HILLS YES IS MOTH  15. MOTH  15. MOTH  17. INFOR  92-2261 Russ	Y YEAR  Y 4 1907  ER MARRIED DIVORCED D	ANN ADDRESS 1422 1422 14m8 Brand	YRS.  OUNTY OF DEATH  GEOR  PCODE  PC	GESMD. OF BUSINESS OR T 2074
MONTH DAY  NTRY? 8 MARRIED NEVE  WIDOWED A  NURSING HOME OR OTHER I  E STREET ADDRESS)  IS MOTH  13d. INSID  YES TOWN  15. MOTH  17 INFOR  92-2267  RUSS  RYON ROLL  17 INFOR	V YEAR  V 141907  ER MARRIED   DIVORCED   INSTITUTION  DECRY LIMITS?  NO   IER'S MAIDEN NAMERS IN THE STATE I	PADDRESS / 2420 OLSO  ADDRESS / 4422  Jams Brand	PCODE TREE	ASTI
MARRIED NEVE WIDOWED TO THER I ESTREET ADDRESS) HO.  E BEFORE ADMISSION) R TOWN 13d. INSID YES TO THE I STORY ADDRESS 15. MOTH 15. MOTH 17. INFOR 92-2261 Russ 18. and Ic. 1	DIVORCED   INSTITUTION   SPECIAL MINISTERS   NO   INSTITUTION   NO   INSTITUTION   NAME   NAM	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO  THOMEMAKE  130. STREET ADDRESS / ZI  2420 OLSO  E  MIDDLE  ADDRESS  4422  ADDRESS  4422  ADDRESS  4422  BRAND	DECEMBER OF APPRIL	T 2074
E STREET ADDRESS)  HO.  E BEFORE ADMISSION) R TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	SOTAL  DECRY LIMITS?  NO    DECRY MAIDEN NAM  FIRST  RMANT  W.LL	TYPE O WORK FOR MOST OF WO HOMEMAKE  13e STREET ADDRESS / ZI  2420 OLSO  E  MIDDLE  ADDRESS  4422  VAMS  BRAND	P CODE  TO DUCMOTE  APPROXIMATION APPROXIMAT	T 2074
RTOWN, 13d INSID YES P 15. MOTH 15. MOTH 17 INFOR 17 INFOR 12-2261 Russ	IER'S MAIDEN NAM	2420 OLSO E ANN ADDRESS J422 VAMS BRAND	DAN DUCHET	VIS ROAD DAMAGE INTERVAL
L SECURITY NO. 17 INFOR 92-2261 Russ	PSSIE RMANT WILL WILL	ANN ADDRESS 1422 1422 14m8 Brand	DUCHET	Roman ZO
92-2261 Russ	ELL WILL	IAMS BRAND	ANINE, MA	EXCALD 20
ligneur	namy f	\	APPRO	DXIMATE INTERVAL N ONSET AND DEATH
		120GB+		
SEQUENCE OF	. 1. 4	12000	1-64	
SEQUENCES C	A COL	nec we	tasias	, C
IG TO DEATH BUT NOT RELA	TED TO THE TERMIN	NAL DISEASE OR CONDITI	ON GIVEN IN PART	110
WHICH OPERATION WAS PE	RFORMED			
H DAY YEAR	V INJURY OCCURRE	D (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2	1
21f. LOC/		CITY OR TOWN	COUNTY	STATE
-3	my) (our) opinion de	eath accurred on the date		
109,	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DA	IS-83
HZI Swit	HE#101	6 Wood	Your R	26735
	7	23d. LOCATION CITY OF TOWN	PINTY	NE VILGIN
	G TO DEATH BUT NOT RELA  WHICH OPERATION WAS PE  H DAY YEAR  19  OFFICE, FARM ETC)  Tram  211. LOC  S  Tram  222. ADD  234. NAME OF CEMETERY  ASA FAMILIAN  BY  THE PRESENTATION  ASA FAMILIAN  BY  THE PRESENTATION  THE PRESENTATI	TO DEATH BUT NOT RELATED TO THE TERMIN WHICH OPERATION WAS PERFORMED  21c. HOW INJURY OCCURRE  19 21f. LOCATION STREET  19 21f. LOCATION STREET  22c. ADDRESS 22c. ADDRESS 22c. ADDRESS 22c. ADDRESS 22c. NAME OF CEMETERY OR CREMATORY 22c. ADDRESS 22c. AD	TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION  WHICH OPERATION WAS PERFORMED  200 AUTOPSY?  210 NOT	TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART  WHICH OPERATION WAS PERFORMED  200 AUTOPSY?  200 IF YES, WERE FINITING CAUS  YES NOW  YE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

07/84 25M

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

945	1. DEC	FOR STATE REGISTRAR  EASED NAME FRST FRST FRST	MEDICAL EXAMIN	NER'S CERTIFICATE	OF DEATH REG. NO OF ESTI-	MONTH DAY YEAR 26
WILL TO STREET	FOI V	White  RTHPLACE (STATE OR REIGN COUNTRY)  irginia	76 CITIZEN OF WHAT COUNTRY? U.S.A.	RS. MARRIED X NEVER MAR WIDOWED DIVOR	Ap.  RRIED Prince Geo:	ril 3 1983 rcounty of Death rge's County
Oscio Oscio			OR OTHER INSTITUTION, GIVE RESIDE OF TO THE	NE, OR OTHER INSTITUTION  Pla Co-  SIGN)  1134 INSIDE CITY LIMITS?		or INDUSTRY Nabisco, I
AND 2 SHO	14. FA	Md E	P.G. Bowie  Willis	YES NO X	DEN NAME MIDDLE E.	Thrift
PAGES 1	100. VY	NO (IF YES, GIVE N)	E WAR OR DATES)		(11212)	as #13
AS A BURIAL - TRANS ALTH AND MENTAL H CREMATION, OR REN	NOI	Conditions, if ony, which gave rise to immediate couse (a) stating the <u>under lying couse last</u> .  PART 2 OTHER SIGNIFICANT CONDITIONS	e / (b)		PART 1 (0	
USED SP HE	IFICATI	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPER	RATION WAS PERFORMED?		20 AUTOPSY?
M Z B	8	210 EXTERNAL CAUSE WAS	21h TIME OF INTURY	21, HOW INJURY OCCUR	DEP . CENTER MATTHE OF MILLIAN IN ITE. 10 D	YES D
SE 3 SHOULD BE TE DEPARTMENT SOI PRIOR TO BUI	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE NOT WHILE	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA DEATH P.M. 19 21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)	21c. HOW INJURY OCCURI 21f. LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM 18 P CITY OR TOWN	
TIMENT TO BU	MEDICAL CERT	UNDERLYING OR CONTRIBUTING CAUSE OF 21d INJURY OCCURRED WHILE AT WORK AT WORK  22a. I certify that I took chardeoth resulted from: Nature Calling Control of the control of	HOUR A.M. MONTH DAY YEA  P.M. 19  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)  ge of the remoins described above, held an	Autopsy . Inspect  Autopsy . Inspect  Uicida . Homicide  TITLE (SPECIFY)  M.D.	CITY OR TOWN	COUNTY  d in my opinion  DATE SIGNED 44-3-

1 8 18 1 3 4 3 4

1	FOR STAT REGI	TE ISTRAR		EPARTMENT C	OF HEALT		NTAL HY			REG. NO	4 6	3		
	DECEAS	· ·		MIDDLE		LAST		2	o. DATE KN OF DEATH M	ESTI-	MONTH	DAY	YEAR	2b HOUR
2	CEV	Char]	. es Ri Is date of birth	obert 6. AGE (1		Willsie	IF UNDER 2	A NDC 1		X	MONTH	DAY	9 85 YEAR	2d HOUR
	sex fale	Gaucasian	MONTH DAY	1925 59				MIN P	C DATE RONOUNC DEAD		4	7 1	<sub>9</sub> 85	2:45P
5 7	BIRTHP	PLACE (STATE OR	76. CITIZEN OF WHA	AT COUNTRY?	8. MAR	RIED NEV	FR MARRIE	D   9	BALTIMO	RE CITY O	COUNT	Y OF DE	ATH	
213	owa	COONINI	USA			WED 🗌			Princ	e Geo	rge!	s Co	untv	MD.
10		R TOWN OF DEATH		ITAL, NURSING HO	55}	HER INSTITUT		12a USUA	AL OCCUPA OST OF WORKIN	TION (TYPE	OF WORK	12b KING	O OF BU	SINESS
13		SIDENCE (IF IN NURSING HOME O	R OTHER INSTITUTION, GIVE TY		AISSION) N	13d. INSIDE CIT	IY LIMITS?		et address LEdge		Na Driv	-	0748	3)
5 1	FATHE	R'S NAME FRST Les G. Willsie	WIDDLE	LAST		FII	R'S MAIDEN		st Wi			LA	st	
	g. WAS I	DECEASED EVER IN U.S. ARA		166. SOCIAL SECU	IRITY NO.	17 INFORM	ANDono	van	L. Wi	1PSIE				
	Yes	O, OR UNKNOWN) (IF YES, GIVE Y	WAR OR DATES)	405-20-7	7208	2926						olor	ado	Sprin
	18.	CAUSE OF DEATH (Enter onl	BY: E CAUSE (a) Mu  DUE TO, OR A	or (a), (b), and (c).)	inshot CE OF					colora		APPI	ROXIMATE	INTERVAL AND DEATH
		T 2 OTHER SIGNIFICANT CONDITIONS		UT NOT RELATED TO THE				īlo.				120 411	TORCY	
4	TIFIC			1000								YE	S X	NO 🗆
3	210.	EXTERNAL CAUSE WAS	216. TIME OF	MONTH DAY Y		HOW INJURY	OCCURRED	(ENTER NA	ATURE OF INJUR	Y IN ITEM 18 P	ART 1 OR PA	RT 2)		

210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR ?

21e PLACE OF INJURY

3 19 85

Subject shot 211 LOCATION

CITY OR TOWN 6724 Edgemere Drive, Camp Springs, P.G.Co, Md.

STATE

21d. INJURY OCCURRED WHILE NOT WHILE

death resulted fram:

23e, BURIAL, CREMATION, REMOVAL 23b. DATE

STREET, FACTORY, FARM, ETC.) home

Autopsy

Inspection

M.D.ASSISTANT MEDICAL EXAMINER

ACTUAL

Natural cause

22e I certify that I taak charge of the remains described above, held an

23c. NAME OF CEMETERY OR CREMATORY

10, 1985 Lee's Crematory

Hamicide X TITLE (SPECIFY)

Undetermined manner

4/8/85

EXAMINER'S NAME (TYPE OR PRINT)

Cremation

Gregory R, Kauffman, M.D. ADDRESS

Balto.MD. 111 Penn St. 23d LOCATION

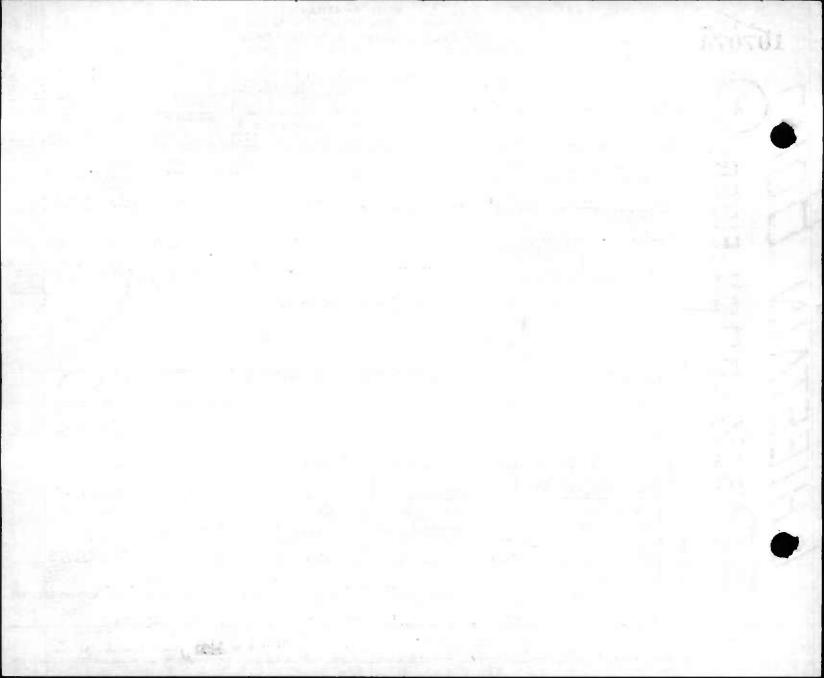
Clinton, Maryland

**DHMH - 17** 

PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCAN TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT FIRE AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH WHO MENTAL HYGIER BALLTMANGE, MARYLAND, 21201 PRIOR-TO BURIAL, CREMATION, OR REMOVAL

24 FUNERAL DIRECTOR Lee Funeral Home, Inc. (VR A15 ME (5)63B Old Alexander Ferry Road, Clinton, Maryland

256 REGISTRAR'S SIGNATURE



### STATE OF MARYLAND 105064 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 20 DATE KNOWN TYPE OR PRINTI OF DEATH MATED AGE (IN YEARS UNDER 1 YR IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY PRONOUNCED DEAD Te. BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED DIVORCED KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20 USUAL tous ell 730 13a STATE 13d INSIDE CITY LIMITS? 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 0 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? PAGES 1 (YES, NO. OR UNKNOWN) I (IF YES GIVE WAR OR DATES) 0 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (o) HIEF MEDICAL EXAMINER ALONG WINDED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, BETWEEN ONSET AND DEATH PART | DEATH WAS CAUSED BY OR REMOVAL IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to "PENDING" CERTIFICATION SHOULD 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH WITH THE STATE DEPARTMENT OF HE BARTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, NO YES 21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY CERTIFICATE 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY 21d. INJURY OCCURRED 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC ) STREET CITY OR TOWN COUNTY STATE 220 I certify that I took charge of the remains described above, held on Inspection and in my opinian death resulted fram: Natural causes Suicide Homicide Undetermined manner TITLE (SPECIFY) DAY 1/2× Uh 29/90 MEDICAL EXAMINER 23d. LOCATION 230. BURIAL CREMATION, REMOVAL 234 07/84 25M 24-FUNERAL DIRECTOR DATE REC'D. BY REGISTRAR

DHMH - 17 (VR A15 ME (5))

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-Ellen 85 Estelle Wineberger 19 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR DATE PRONOUNCED 85 DEAD Female White Aug. 10 1902 76. CITIZEN OF WHAT COUNTRY? IN BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, D.C. U.S.A. Prince George's County DIVORCED O CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK Hyattsville Accounting Clerk Lothrop USUAL RESIDENCE LIF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS 1.3d INSIDE CITY LIMITS? Prince George's Maryland Hyattsville YES X 5402 - 13th Avenue 20782 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Rufus MIDDLE John McChesney Martha J. Miller 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. ADDREN 1310 Sherrington Co 577-09-4255 No John Wineberger (Son) Upper Marlboro, Md. CAUSE OF DEATH (Enter only one cause per line lar (o), (b), and (c),) RETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Acute myocardial disease. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the under-SED AS A BURIAL-T lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG None USED / 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL None YES 🗌 NO 1 FORWARDED TO THE C PAGE 3 SHOULD BE STATE DEPARTMENT 21g. EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c. HOW INJURY OCCURRED TENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21. HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH None 71d IN JURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, FTC 1 CITY OR TOWN STATE COUNTY PAGE 4 SHOULD BE FORN TO FUNERAL DIRECTOR: I AFTER DEATH, WITH THE S 270. I certify that I taak charge all the remains described above, held an Inspection and in my apinian Natural causes X death resulted fram: Accident Hamicide Undetermined manner TITLE (SPECIFY) 4/29/85 Deputy SIGNATU 1919 Seminary Road EXAMINER'S NAME (TYPE OR PRINT) John S. Rogers, M.D. Silver Spring, Montgomery, Md. 230 BURIAL CREMATION REMOVAL 236 DATE 23d LOCATION STATE Burial 5/1/85 Rock Creek Cemetery Washington, D.C.

250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE

If FUNERAL DIRECTOR Francis Gasch's Sons Funeral Home, P.A.

4739 Baltimore Avenue Hyattsville, Md.

DHMH - 17 (VR A15 ME (5))

20M 4/82

Hynttsvillo 542 - 13 Avenue

Maryland Irinca George's Lyaptaville Suc2 - 138 Avenue

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John S. Harry . . . .

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STATE OF MARYLAND 127103 3 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 20 DATE OF DEATH DAY YEAR 2b HOUR FLORA E LINORA WINN 30 85 04 11 30P may 4 RACE 3. SEX 5. DATE OF BIRTH IF UNDER I YEAR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH FEMALE WHITE YFAR Jan.31,1898 87 Ta. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PRINCE GEORGE'S COUNTY MTSSOURT U.S.A. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR CHEVERLY PGG" HOSP'ITAL REFAND SMEDICAL CENTER INDUSTRY N/A HOMEMAKER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13d. INSIDE CITY LIMITS? PRINCEGEORGE HILLSIDE 13e STREET ADDRESS / ZIP CODE MARYLAND 1607 Shamrock Ave. 20027 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE ELNORA CHARLES ALEXANDER SMITH HANSON 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS HOSPITAL RECORDS, PGG HOSP&MED CENTER, CHEVERLY (YES NO OR UNKNOWN) GIVE WAR OR DATES 500-20-8397 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line forms, b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which ather tro gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last ol. ö a PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ō CERTIFICATION prior 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? be NO YES T Hygie certificote 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 00 HOUR A.M. MONTH DAY YEAR the buriol-tra OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED ŏ 21e PLACE OF INJURY 211 LOCATION morked CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY OFFICE, FARM ETC.) STREET STATE NOT WHILE 22a. I certify that (1) (this hospital) attended the deceased from DIRECTOR sow the deceased alive on\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death. DEGREE DATE SIGNED 포 ATTENDING MEDICAL STAFF MPORTANT. DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) should by 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION SUITLAND, CEDAR HILL CEMETERY, 5/3/1985 BURIAL 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNIANCE 24 FUNERAL DIRECTOR LEE FUNERAL HOME, 6633 OLD ALEX-DHMH - 16 60M 7/84

ander Ferry Rd, CLINTON, MARYLAND 2073

(VRA 15, 4)

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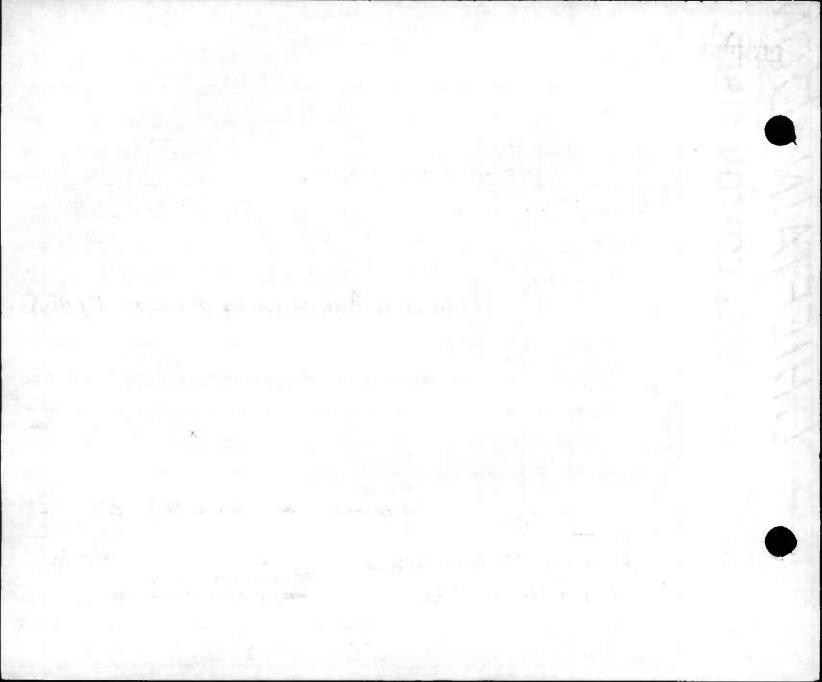
STATE OF MARYLAND	,
EPARTMENT OF HEALTH AND MENTAL HYGIEN	E
CERTIFICATE OF DEATH	

1	Prince .	and	0

	REGISTRAR		DEPARIA		IEALTH AND MENTAL HYG ICATE OF DEATH	REG.	NO		
[TYP	CEASED NAME FIRST		MIDDLE	· ·	LAST	20. DATE OF DEATH		Y YEAR	2b. HOUR
	Paul	Tiern	an	WINTE	Z.R	April :	17,1985		4:05 A
3. SE		4. RACE	idii	5. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY) II	F UNDER TYEA	R IF UNDER 24 HRS
	Male	White	е	I I	28 <sup>nay</sup> 1916	68	YRS.	DAY!	S HOURS MIN.
7a. B	New York	U.S.A	what country?	8. MARRIE WIDOWE	D NEVER MARRIED	Prince G	_	OF DEATH	MD
	Lanham	Doctors	Hospita	al of	Pr. Geo. Co	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Accountan			of BUSINESS OR c Relatio
Hin S	AL RESIDENCE (IF NURSING HOME STATE aryland 13b. CO P	OR OTHER INSTITUTION UNITY	GIVE RESIDENCE BEFORE  13c. CITY OR TOW  Lanham	ADMISSION)	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	s/zipcode ns Lane	20	706
4. FA	Ernest	WIDDLE	Winter		15. MOTHER'S MAIDEN NA Theresa	WE		Tie	rnan
	VAC	ARMED FORCES? GIVE WAR OR DATES) W.II	079-03-4		Joan P. Wint		Same a	s 13e	
	Conditions, if ony, which gove rise to immediate cause (o), stating the	(b) DUE TO, O	r as a conseque	NCE OF					
ICATION	gove rise to immediate	DUE TO, O	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	20b. IF YES,	WERE FIND	DINGS USED
RTIFICATION	gove rise to immediate cause (o), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION	DUE TO, O  IC)  T CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FIND ING CAUSE	DINGS USED ES OF DEATH?
AL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	DUE TO, O  ICO  T CONDITIONS CO  196 COND  216. TIME CO HOUR A.	ONTRIBUTING TO DESCRIPTION FOR WHICH	OPERATIO		200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FIND ING CAUSE	DINGS USED ES OF DEATH?
MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CA	DUE TO, O  IC)  ICONDITIONS CO  196 COND  ABATH  P.  216. PLACE	ONTRIBUTING TO DESCRIPTION FOR WHICH OF INJURY M. MONTH DA M.	OPERATIO  OPERATIO  AY YEAR  19	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFYI YES	WERE FIND ING CAUSE	DINGS USED ES OF DEATH?
	gove rise to immediate cause (o), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHIEF THER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION CONTRIBUTION OF CONTRIBUTION	DUE TO, O  IC)  T CONDITIONS CO  196 COND  216. TIME CO HOUR A.  P.  21e. PLACE (AT MOME, STE	ONTRIBUTING TO DESCRIPTION FOR WHICH  OF INJURY M. MONTH DA M.  OF INJURY REET, FACTORY, OFFICE, F.	OPERATIO  AY YEAR  19  ARM, ETC.)	21c. HOW INJURY OCCURI	20a AUTOPSY? YES NO RED (ENTER NATURE OF IN	20b. IF YES, IN CERTIFYI YES  JURY IN ITEM 18 PAR	WERE FIND ING CAUSE ITTORPART?)	DINGS USED ES OF DEATH? NO STATE
	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CA	DUE TO, O  IC)  T CONDITIONS CO  19b COND  DEATH  P.  21b. TIME CO HOUR A. P.  21c. PLACE (AT HOME STO month) view the body	ONTRIBUTING TO DESCRIPTION FOR WHICH  OF INJURY M. MONTH DA M.  OF INJURY REET, FACTORY, OFFICE, F.	OPERATIO  AY YEAR  19  ARM, ETC.)	211. HOW INJURY OCCURI 211 LOCATION STREET  19 And that in (my) (and ) opinion DEGREE  ATTENDING PHYSICIAN (1)	200 AUTOPSY?  YES NO RED  CITY OR  CITY OR  MEDICAL  DIRECTOR PHYS	20b. IF YES, IN CERTIFY! YES  JURY IN ITEM 18 PAR  TOWN  date and hour of	WERE FIND ING CAUSE ITTORPART?)	DINGS USED ES OF DEATH? NO STATE
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DHMH - 16 60M 7/84 (VRA 15, 4)

10 FUNERAL DIRECTOR, A should be detached for use with the Stote Dept, of Hea



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2a DATE OF DEATH 2b. HOUR BALTIMORE CITY OR COUNTY OF DEATH

12b. KIND OF BUSINESS OR

UNKÑOWN

ADDRESS 15 SILVER SPRING AVE. SILVER SPRING MD. 20910 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

COUNT STATE

22c DATE SIGNED

- STATE

REGISTRAR

BURIAL 4/3/85

FT. LINCOLN CEMETERY

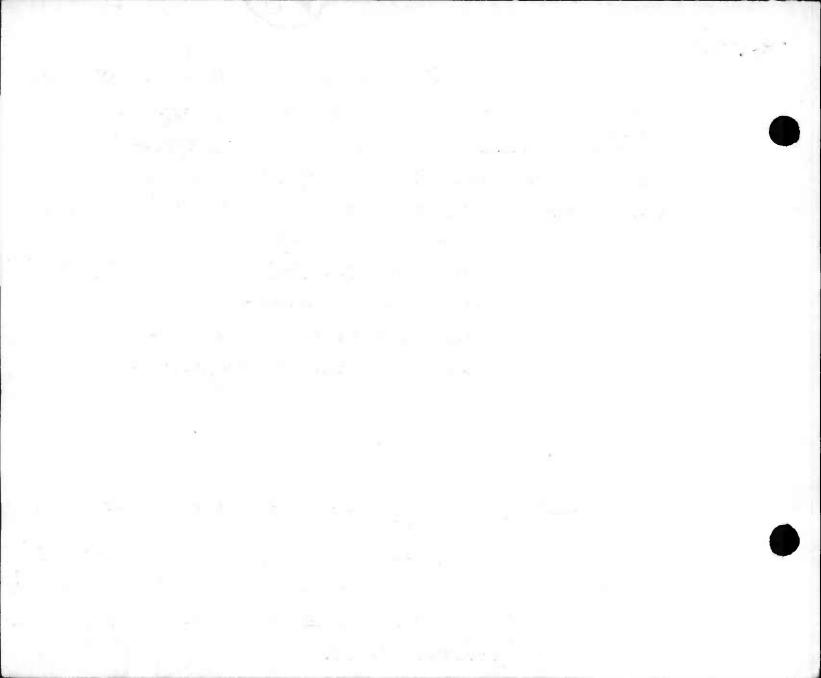
BRENTWOOD

MD.

DHMH - 16 50M 4/83 (VRA 15, 4)

24. FUNERAL DIRECTOR FRANCIS 500 UNIVERSITY BLVD., W., SILVER SPRING, MD.

ISTRAR 256. REGISTRAR'S SIGNATURE 02



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE CERTIFICATE OF DEATH

DHMH - 16 50M 4/83 (VRA 15, 4)

Beall Funeral Home

16000 Annapolis Bowle, MD 2071 Rd.

STATE OF MARYLAND

REGISTRAR 25b. REGISTRAR'S SIGNATURE

26 HOUR

7:05

HOURS

County

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

IF UNDER 24 HRS

IF UNDER TYFAR

INDUSTRY

Surrette

YES [

COUNTY

22c. DATE SIGNED

Apr. 18,

DAYS

PM

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Canada C. Holor (j. 1995)

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Louis J. Halin Hole (1951) (illetrean Laive Colf)

Louis J. Halin Hole (1951) (illetrean Laive Colf)

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- Prover/ write 1915 - St. Peter's Start lettermun, Minton, De Lettermun, De

	STATE OF MARYLAND
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH

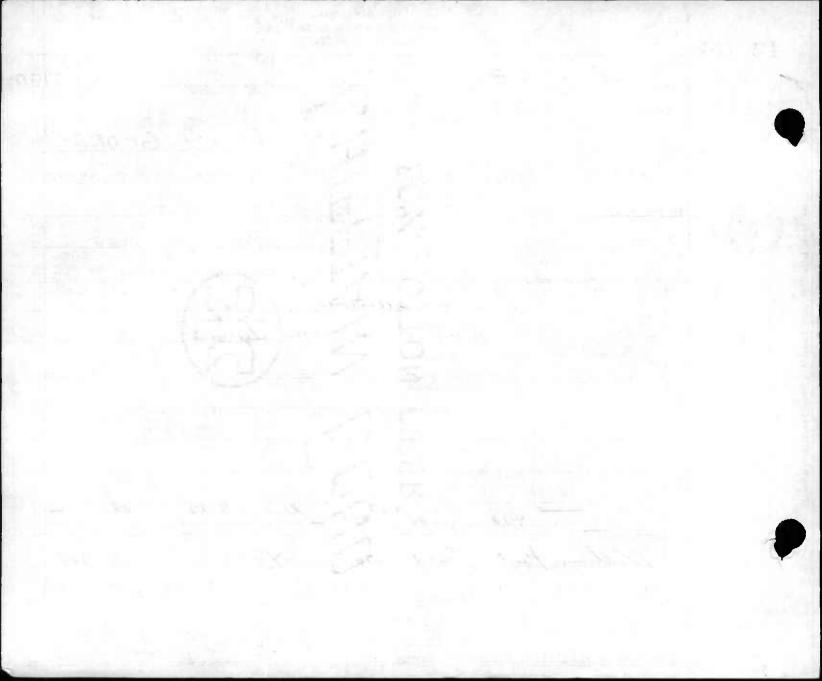
REG. NO 2a DATE OF DEATH DECEASED NAME 7b. HOUR (TYPE OR PRINT) -AWRENCE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX July 27,1904 White 80 Male Ta. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Marvland WIDOWEDXX DIVORCED [ 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Superintendent Construction 113b. COUNTY CoralHills 4703 Pard Road YES X NO T Maryland PC 15. MOTHER'S MAIDEN NAME MIDDLE Elizabeth Drury Charles Wood Joseph Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT 1 Box 408 (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Joseph L Wood Hughesville, MD 20736 578-09-5133 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: Candle arraymis IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Coronary arter disease Conditions, if any, which gove rise to immediate cause (o), stating the DUF TO OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION COUNTY STATE CITY OF TOWN AT HOME, STREET, FACTORY OFFICE, FARM, ETC ) AT WORK AT WORK 10 85 22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (and apinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED MB PHYSICIAN D DIRECTOR PHYSICIAN 22e. ADDRESS 23¢ NAME OF CEMETERY OR CREMATORY Burial StMary ChurchCemetery Bryantown 4/22/85

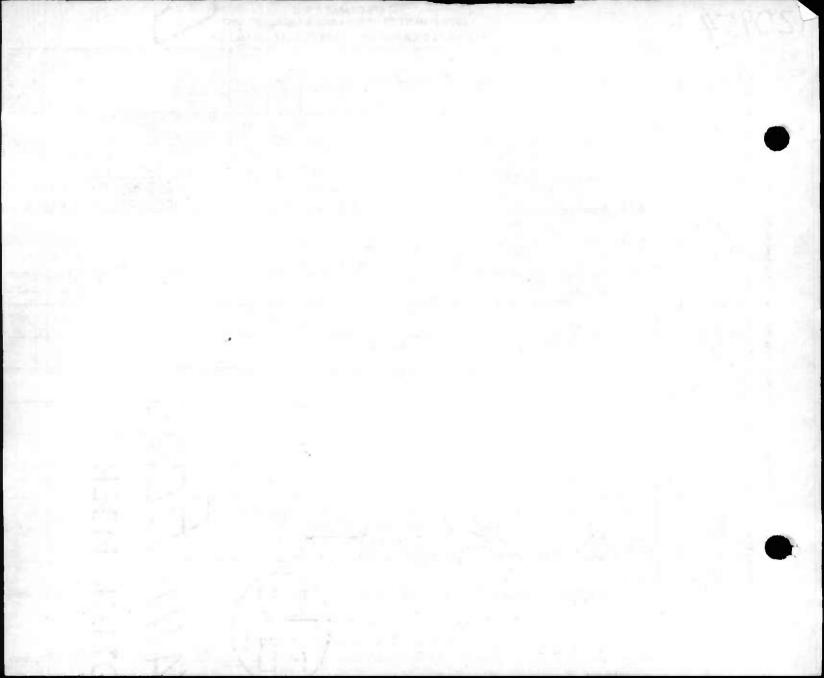
DHMH - 16 60M 7/84 (VRA 15, 4)

8

24 FUNERAL DIRECTOR Suitland MD Robert E Wilhelm Funeral Home

Lulia Davidson-Randa





DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

### STATE OF MARYLAND FOR STATE

XKNNWXX Funeral Home Suitland

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

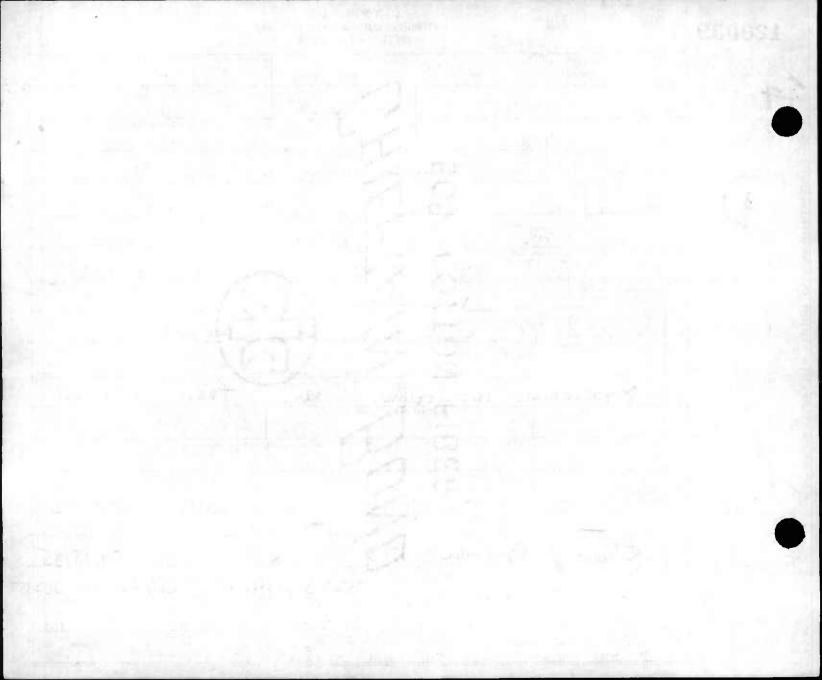
				1.6	AST	20. DATE OF DEATH	MONTH	DAY YEAR	T
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	IRA		C.	WOR	THINGTON		4/1	5/85	2:00 a
3. SEX		4 RACE	5	DATEO		6 AGE (IN YEARS LAS		IF UNDER 1 YEAR	
1	Male	White		May		77	YRS		HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF V	VHAT COUNTRY? 8	AA A DDIED	XX NEVER MARRIED	9. BALTIMORE CIT	Y OR COUN	TY OF DEATH	
	enna	USA		WIDOWE		PRINCE (	SEORG	E's CO	UNTY M
10. CT	ITY OR TOWN OF DEATH		OSPITAL, NURSING		R OTHER INSTITUTION	12a USUAL OCCUP			OF BUSINESS OF
C	LINTON		N MARYLIA		HOSPITAL	Mech. A	/C		tracto
USUA	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION,	GIVE RESIDENCE BEFORE AD.	MISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRES	S / 710 CC		2000
	arvland PG	411	Suitlan		YES TO NO	4615 Hov			20/4
	THER'S NAME				15. MOTHER'S MAIDEN NA	ME			
	Ira 🔯X	MIDDLE .	Worthing	rton	Florence	WIDDL	E	Custe	AST C
	VAS DECEASED EVER IN U.S. AF		16b SOCIAL SECURIT		17 INFORMANT		DRESS	C db cc.	
	YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	216-07-6	700	Alam M Wor	thingtor	n sa	me as	#12
					ATAIL M WOL	. cirring cor	ı sa		TTJ DXIMATE INTERVAL NONSET AND DEATH
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per D BY.	ine for (a), (b), and (c	C.	) h			BETWEEN	N ONSET AND DEATH
	IMMEDIA	TE CAUSE (o)	PNEUN	MON	117		· · · · · · · · · · · · · · · · · · ·	_	
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	(b)	AS A CONSEQUENCE	Cer	elono UASula	m Acci	Frh		
NO	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR	AS A CONSEQUENCE	Ce OF	NOT RELATED TO THE TERM	NNAL DISEASE OR C		SIVEN IN PART I	Chow
ATION	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR  (c)  CONDITIONS CO	AS A CONSEQUENCE	Ce of ATH BUT I	NOT RELATED TO THE TERM	NNAL DISEASE OR C	ONDITION C	YES, WERE FIND	INGS USED
IFICATION	gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR  (c)  CONDITIONS CO	AS A CONSEQUENCE  NTRIBUTING TO DEA  DEARCT	Ce of ATH BUT I	NOT RELATED TO THE TERM	NINAL DISEASE OR CO	20b. IF Y	YES, WERE FIND	INGS USED ES OF DEATH?
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AL CERTIFICATION	gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	DUE TO, OR  (c)  CONDITIONS CO  19b. CONDITIONS  HOUR AA	AS A CONSEQUENCE  MIRIBUTING TO DEA  WEAR CTI  TION FOR WHICH OF  TINJURY  A. MONTH DAY	CE OF  ATH BUT IT  O W  PERATION  YEAR	NOT RELATED TO THE TERM  N WAS PERFORMED.	NINAL DISEASE OR CO	20b. IF Y	YES, WERE FIND TIFYING CAUSE YES	PINGS USED SOF DEATH?
	gove rise to immediate couse (o), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT  DCARD  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	DUE TO, OR  (c)  CONDITIONS CO  19b. CONDITIONS  HOUR AA	AS A CONSEQUENCE  MIRIBUTING TO DEA  MEARCH  TION FOR WHICH OF  INJURY  A. MONTH DAY  A.	CE OF  ATH BUT I	NOT RELATED TO THE TERM N WAS PERFORMED.  21c. HOW INJURY OCCUR	VINAL DISEASE OR CO	20b. IF IN CER	YES, WERE FIND TIFYING CAUSE YES 1 8 PART I OR PART 2)	INGS USED ES OF DEATH?
MEDICAL CERTIFICATION	gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED	DUE TO, OR  (c)  CONDITIONS CO  19b. CONDI  ATH (R)  21b. TIME OI  HOUR A.A.  P.A.  21e. PLACE C	AS A CONSEQUENCE  MIRIBUTING TO DEA  MEARCH  TION FOR WHICH OF  INJURY  A. MONTH DAY  A.	CE OF  ATH BUT IT  O W  PERATION  YEAR  19	NOT RELATED TO THE TERM  N WAS PERFORMED,  21c. HOW INJURY OCCUR	VINAL DISEASE OR CO	20b. IF Y	YES, WERE FIND TIFYING CAUSE YES	PINGS USED SOF DEATH?
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	gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE AT WORK AT WORK Sow the deceased alive of the sour the deceased alive of the source of th	DUE TO, OR  (c)  19b. CONDITIONS CO  19b. CONDITIONS  21b. TIME OI HOUR A.A. P.A.  21c. PLACE C (AT HOME STRI	AS A CONSEQUENCE  INTRIBUTING TO DEA  INTRIBUTING TO DEA  INTERPRETATION FOR WHICH OF  INJURY  A. MONTH DAY  A.  JE INJURY  GET, FACTORY, OFFICE, FARM  deceosed from  19	CE OF  ATH BUT IT  OW  PERATION  YEAR  19  W. ETC)	NOT RELATED TO THE TERM WAS PERFORMED.  21c. HOW INJURY OCCUR  21f. LOCATION STREET  d that in (my) (and opinion DEGREE  ATTENDING	VINAL DISEASE OR COMPANY PROPERTY OF THE PROPE	20b. IF IN CER  NURY IN ITEM I	VES, WERE FIND TIFYING CAUSE YES  B PART I OR PART?)  COUNTY  19  10  10  10  10  10  10  10  10  10	INGS USED SOF DEATH? NO STATE
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DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signified by the attending provided should be detached for use as the burial-transit permit. Then please remove corbem papers with the State Dept. of Health and Mental Hygiene prior to being. cremation, or removal

TO HOSPITAL OR ATTENDING PHYSICIAN: The law require-retained by the haspital or attending physician.



FOR

STATE
REGISTRAR

### STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	1 - STATE REGISTRAR			DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  REG. NO.							
1.	DECE YPE OF	ASED NAME	Maria		WIDDLE		gla	2a. DATE OF DEATH	MONTH DAY	Y YEAR	26. HC
3.	SEX			RACE 5. DATE O				6. AGE (IN YEARS LAST BIRTH	HEAY) IF	UNDER I YEAR	IF UND
	F	emale		White	e	MONTH		91	MO	INTHS DAYS	HOUR
720		HPLACE (STATE OR FO	OREIGN 76	76 CITIZEN OF WHAT COUNTRY?		8	<u>il 19, 1893</u>	9 BALTIMORE CITY OF	R COUNTY C	NTY OF DEATH	
AT	Italy (Sicily)			U.S.A.   WIDOW!		MARRIE	D NEVER MARRIED DIVORCED DI	Prince George's			
000							12a USUAL OCCUPATION 12b KIND OF			OF BUSI	
_		er Marlbo		14158	CH FACILITY, GIVE STREET Spring Br	anch	Drive	Homemaker	WORKING LIFE)	Own H	ome
ZI	SUAL e. STA	RESIDENCE (IF NURS	136 COUNTY	1	13c. CITY OR TOW		113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
2	Md.		Pr.Geo	o's	Hyattsvi	11e	YES NO	6001 Roseda	ale Dr	ive/20	782
	FATH	HER'S NAME	MID	DLE	LAST		15. MOTHER'S MAIDEN NA.	WE		LAS	ST
77	Rosario			Pagano			Nunziat		1	Pizzol	
1 16	160 WAS DECEASED EVER IN U.S. AR			MED FORCES? 166 SOCIAL SECU		JRITY NO.	17 INFORMANT	8415 Clay	Drive	Fort	
	No			579-40-2366		2366	Victor Zangla-Washington, Maryland 20			207	
3	P	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
2	19	e. DATE OF OPERAT	ИОН	196. CONDITION FOR WHICH OPERA			N WAS PERFORMED	20a. AUTOPSY?		WERE FINDIN NG CAUSES	
1		DR CONTRIBUTING C	CAUSE OF DEATH		OF INJURY .M. MONTH D .M.	AY YEAR	21c HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	T 1 OR PART 2)	
/		NOT WHILE NOT WE AT WO	HILE 🗀		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	N	COUNTY	
		220.1 certify that (1) this hospital) attended the deceased from 19.55 to 4/1.2 19.55 that (6) saw the deceased from 19.55 to 4/1.2 19.55 that (6) saw the deceased from 19.55 to 4/1.2 19.55 that (6) saw the deceased from 19.55 to 4/1.2 19.55 that (6) saw the deceased from 19.55 that (6) saw the deceased fr									
1		228 PHYSICIAN'S NAME (TYPE OF HEALIT)			M D ATTENDING			MEDICAL STAF CDIRECTOR PHYSIC	F IAN []	4/12	SIGNE
/1	1	A. Clark					Upper Marlboro, Maryland 20772				
23	e. BUI	RIAL, CREMATION, CIFY) Burial	REMOVAL	23b. DATE 4/15/8	85   <sup>23</sup> c. F	ort L	emetery or crematory incoln Cemete	ry Brentwood	l(Pr.G	eo's)	Md
-	44.4	IERAL DIRECTOR						E REC'D. BY REGISTRAR			

DHMH-16 60M 1/73 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN. The law

